MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

17728P

CERTIFICAT	TE OF DEATH Rog. Dist. No.
1. PLACE OF PESTH: County City or town (If outside city or town limited write RURAL and give nearly town) Row long in above place of death? Hospital, Institution, or street address where death occurred How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or lown (If outside city or Gwn Imits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME HOWY and	Cerson 3. (b) Social Security Number
Male Cloud Single, marred, widowed, or dirorced Male Cloud Married 8, (b) Name of husband or wife. Helen Anderson	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Aug, / O, ////////////////////////////////	and that I last sair ham silve on a grant 20 1242
53 May, 8. Birthplace (Town, county, snd state)	Cerebral apopleryy 12 hrs
10. Usual occupation. 11. Industry or business 12. Name.	Due to
12. Name CASACT 13. Birthptaco 14. Malden name CASACT 15. Birthptace USACT 15. Birthptace USA	(Include pregnancy within 8 months of death) Major fieldings of operations.
16. Informate / Helen Cindleson Address 38 R St N. E. Washington D. C.	Antopsy results
(Burish cremation, or removal, Which?) Date thereof. (month) (day) (fear) Cemetery or crematory.	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Location Harmville Vurgine is 18. Funerat director Mrs. Robert 9. Ellett + Daugul	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Mddress //29 M. Caroline St. 19. (Date red by registrar) Registrar	Address 107 N. Man Syndal (22 M) 20 W

PLEASE WRITE PLAINLY, is especially

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-0.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	ma last
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Bright mill Wad
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Larre G. Arnold.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W marries	20. DATE DF DEATH (lug 3 1945 at 3 42 M
Carlo Wareld	21. I CERTIFF that death occurred of the date above stated; that attended deceased from
6.(b) Name of husband	19/13 10 long 3, 19×3
7, Birth date of	and that I last saw her slive on Cur 3 1 19 % 5
deceased (mo., day, yr.) VS CC 6 1883	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Carcumaloses
38 6 28hrs	
9. Birthplace 12 altivers Wary Cand	Due to areas and Carrot
(Town, county, and state)	uteri)
1D. Usual occupation	Due to
11, Industry or business	
12. Name Wester 13. Birthplace Balturas & Dua.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Clera Virgues with	
S 15 Birthplace & of a 2/6	Major findings of operations
	Date of op
18. Informant	Autopsy results
Address Dogwood Ker Dalto 7 ruer	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Algerman	Where did injury occur?
1901	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	means or many milates at solver
Address of and reston Its	The gament
1 0/3/ 15- 25 GM +	23. SIGHATURE M. D. or other
19. (Date rot'd by/registrar) Registrar	Addres audalistour Date signed 8/3/44



DING INK. Supply every item of information carefully. The correct age Physicians: please write the causes— death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 193

CERTIFICATE OF DEATH

0773041 Reg. Dist. No.....

I. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth	ECEASED:
County Baltimore					
City or town Lynch Farm, Dundalk, Md. (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	State Md.a County.	
			***************************************	City or town Dundall: (If outside city or town limits, wr	ite RURAL and give nearest town)
Hospital, institution, or	street address where	death occurre	d:	Street No. RFD. 3, Box 47	
	***************************************	****************	***************************************	(If rural, give LOC	
How long in hospital or	Institution?	***************************************		2.(a) If veteran, name war	***************************************
3. (a) FULL NAME		Tao	Arrana	3	3. (b) Social Security Number
4. Sex	5. Color or race	Lee A	e, married, widowed, or divorced		
Male	Col.	Sir		20, DATE OF DEATH MEDICAL CERT	O 144 THER
B.(b) Name of husband o	r wlfe	D=0		21. I CERTIFY that death occurred on the date above sta	
***************************************			c) If allve, give ageyear	s 19	, to
7. Birth date of deceased (mo., day, yr.		18.		and that I last eaw halive on	19
8. AGE: Years	Mooths	Days	If less than one day	Immediate carge of death	
8	1	12	hrsmin	Alles Muller	2.3 Mss.:
			state)	Due to Sull'en Caula	I auc
	Scho	0.1		Due to UM.	
11. Industry or business ∝ i				-	
	Ca.,	lvin / Va.	lvery	Other conditions	
				(Include pregnancy within 8 month	os of death)
14. Malden name 15. Birthplace	Magg	gio Ha	rris		
15. Birthplace		Va.		Major findings of operations.	
	and A Tarra			-	Date of op
16. Informant	VIG Lau	tence	•••••	Autopsy results	
Address R.F.	D. 3. Bo	ox 47.	Dundalk, Md.		
a Runi	9 1	B-1- 11	eof. 9/3/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, f	
17. Buril	or removal, Which?)	pate there	(month) (day) (year)	Accident, suicide, or homicide	Bate of
		lvery	7	(City or town)	(-Bullow Mid
Location Bro	oklyn, h	id.	***************************************		
18. Funeral director	neral director Elroy O. Wilson Means of Injury fawled ander Tour more at work? W			Computed at work? NO	
Address 1000	Brantle	y Ave	1	ma	Dur in Ca
19. (Date rec'd by region	/4 119 (In	Wearung Projection	23 SIGNATURE THE FAME AND ADDRESS OF THE PROPERTY OF THE PROPE	Bate signed 9 - +1

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SEP 7 1945
BUREAU V.

V. S. No. 1 N. B.—

	- H	STATE)F MAR	YLAND-	CERTIFICATE	: OF DEA	THOMP	9-4
1	I. PLACE OF	DEATH			(159)		686	o l
	County	13actr	mar	0	(D7)	Registration [Dist. No. 3	4
	Village or Cit	y app	mec)	No		St.,	/ Ward
	Length of reside	ence in city or town where o	death occurred	(I) 00m81Y	death occurred in a hospital or in	nstitution, give its NAME . if of foreign birth?		
	2. FULL NAM	, ,	in Pa	a	mnis			
1	(a) Residence		// · · · · · · · ·		St., Ward.			
	(a) Nesidenci	5. NU	(Usual place	of abode)	St.,waru.	If nonresident	give city or town a	and State
_	PERSONA	AL AND STATIST	CAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
1	male	4. COLOR OR RACE		RIED, WIDOWED. O (write the word)	21. DATE OF DEAT	H (Month)	/ 8 (Day)	19345 (Year)
5a.	. If married, widower HUSBAND of (or) WIFE of	d, or divorced	and		22. I HERE	BY CERTIFY	Y. That I attended	ed deceased from
6.	DATE OF BIRTH (m	nonth, day, and year) C	ug. 18	1945	I last saw har alive on	any	.18 194	death Is said
	AGE Years		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date so The PRINCIPAL CAUSE OF Divere as follows:			
NOI	8. Trade, profess kind of wo SAWYER. E	ion, or particular irk done, as SPINNER, BOOKKEEPER, etc	In fa	ney	De. Da	turiti	1711	Date of onset
CCUPATION	9. Industry or bu							
000	1D. Date deceased this occupa year)	ition (month and		me (years) It in this pation				
12.	BIRTHPLACE (city		puco		Dther Contributory Causes of	importance:		
~	(State or count	wody, i	Franklis	annis				
FATHER	14. BIRTHPLACE (+ graper	son	Name of operation		Date of	
-R	15. MAIDEN NAM	(1)	luzel ((annou)	What test confirmed diagnosis			
MOTHER	16. BIRTHPLACE (city or town) M. W.	whis to	nso	23. If death was due to external Accident, suicide, or homicide Where did injury occur?			-
17.	INFORMANT (Address)	heodore 7	romalin	ayser	Specify whether injury occurre	(Specify city or t ed in INDUSTRY, In HDI	town, county and S ME, or In PUBLIC (itate) PLACE,
18.	BURIAL, GREMATIK	Bend, Ha	eford Con	U- 9/5/19 45	Manner of Injury			
19.	. UNDERTAKER(Address)	Lump	iptor	nd	24. Was disease or injury in ar	ny way related to occupa	tion of deceased?	
20.	FILED and	18 . 1945 Bys	il E Fo	When Ind	(Signed) Jaune (Address)	Losups.	tu fi	me M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927 Peritonitis		3 days ago
		27 (0.5)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of dath clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

A15 NS

... Date signed 8/2 4/85

CERTIFICA	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: Ba / + m ore	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maxx Land County Da Limaxe
How long in above place of death?	City or fown (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. North of Parkton
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Callie Roseta L	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	2D. DATE OF DEATH. A 11,0 11,5 + 23 1945 21 9105 7
6.(6) Name of husband or wite. William F. Bailey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7/13 8/23 42
1. BITTH date of	and that I last saw h alive on \$ /23
8. AGE: Years Months Days If less than one day	Immediate cause of death
17 6 1	Phronels - freemong & day
107	
9. Birthplace (Town, county, and state)	Due fo
10. Usual occupation Atouse wife	
11. Industry or business Own hame.	Due to
12. Name Adam Berry 13. Birthplace Stan Don Va	Other conditions Chrown huseardites
13. Birthplace Starm ton. Va.	
14. Malden name. Iliza tackler. 15. Birthplace Staunton, Va.	(Include pregnancy within 3 months of death)
15. Birtholeren of taxin ton 1/2	Major findings of operations.
16. Informant Ann. William Bouter	Date of op.
Address Park Town Mod BD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dinament, Mu. N.K.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof The The State of County (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Shrews buyy Lutheron.	Where did injury occur?
Location Shrews bury Pa	Injured at home, farm, industry, public place (where?)
18. Funeral director Harberry Ein	Means of injury injured at work?
Address Topon Fine dans En	6, 2 2
20000	23. SIGNATURE M. D. orother
1943 (Date Ca'd by registrar)	Address Sarleton had Date signed 8/2 4/85



CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County..... (If outside city or town limits, write RURAL and give nearest town) carefully How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information How long in hospital or institution? 2.(a) If veteran, name war..... MARY JANE HOFFMAN BAILEY 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes item of deceased (mo., day, yr.) Supply 8. AGE: If less than one day Years 9. Birthplace..... fO. Usual occupation..... 11. Industry or business f2. Name..... important. (Include pregnancy within 8 months of death) f6. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following:

(month) (day) (year)

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

VS A15

PLEASE WRITE PLAINLY, WITH U

(Burial, oromati

19. Funeral director

Cemetery or eremetery

23. SIGNATORS LILIS Solatons f

Address LLLL Treedom a: Date sign

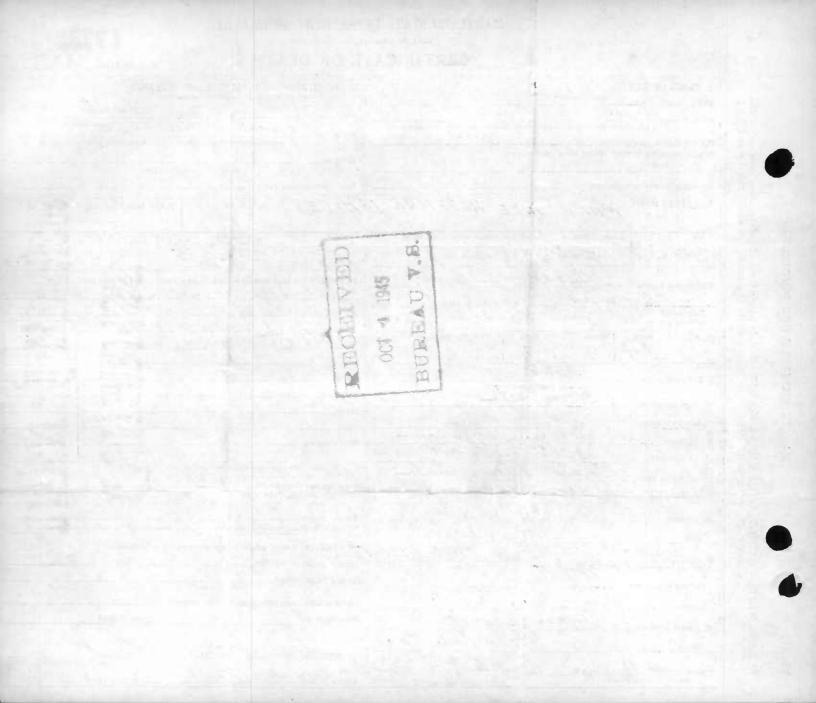
(City or town)

Injured at home, tarm, Industry, public place (where?)

(County)

Accident, suicide, or homicide.....

Where did Injury occur?



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly-MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

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6	6	6	Ü	4	

Reg. Dist. No.....

1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cockeysville (If ontside city or town limits, write RURAL and give nearest town)	State Md. County Baltimore
	Chy or town. Cockeysville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Sherwood Road	Street No. Sherwood Road
	(If rurai, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Paroling Ford Barbon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Track white sugge	20. DATE OF DEATH august 23 1945 at 1:15A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) Lune 28, 1859	
8. AGE: Years Months Days It less than one day	Immediatorause of death mysearlike - DURATION
86 1 25min.	Hyperlendon
a Birthaloga	Due Co.
9. Birthplace (Town, coupty and state)	
10. Usual occupation Music Seasher	
11. Industry or business	Oue to.
	•
n . // 7/	Other conditions
13. Birthplace Danville, /ty.	(Include pregnancy within 8 months of death)
14. Malden name Elizabeth Ann Ford 15. Birthplace Miss.	
g to Biddeless Miss.	Major findings of operations.
	- Date of op.
16. informant Lirs. James C. Barbour	Autopsy results
Address Cockeysville, Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. Burial (Burial, cremation, or removal, Which?) Date thereot August 25, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Lexington, Kv.	Injured at home, farm, industry, public place (where?)
18. Funeral director John D. Mitchell & Ann. Inc.	Means of Injury Injured at work?
Address 1900 Eutaw Place, Baltimore, Md.	7.6.1. (C) 100 100 100 100.
1 8/2 45 Be- Keede. 1.	23. SIGNATURE 4. AET 4. S. C. M. D. or other
(Date rec'd by registrar) Registrar	
(Date rec d by registrar) Registrar	Address Date signed

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

07735

CERTIFICAT	TE OF DEATH Reg. Dist. No.
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Saltaware City or town (If optoble city or town limits, write RURAL and give nearest town) Street No. Saltaware (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Edward Betz	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19. 4 5 at 12. 3 5 p. N
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the save above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 19 1977	and that I last saw h
8. AGE: Years Months Days If less than one day 27hrsmin.	Coronary Ochsion Inmedia
9. Birthplace	Bue to.
10. Usual occupation	Due to
12. Name Sohu Sus	Dither conditions
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Denny Ber	Autopsy results
Address 1408 V 8 . Chistic 17. Bate thereof lug 18-45	VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which) (morth) (dgy) (year)	Where did injury occur?
Location Colly + Original Mirector Cilly + O	Injured at home, farm, industry, public place (where?)
Address Cartine of Wolfe St.	23. SIGNATURE AUX. Keier M.D.
19. (Dat rec'd by registrur) 19 45 John & Connelly (Dat rec'd by registrur)	Deputy Medical Exampler M. D. or other Address Date signed 8/15/4

MERCAL OF CHERRICATE OF HEALTH

ERUZGIRO STUSTIFICA

SEP 1 1945 BUREAU V.S. 1

07736

	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Mount Wilson, Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Baltimore
(If outside city or town limits, write RÜRAL and give nearest town)	Catonsville
How long in above place of death? 2 Yrs. 11 mos. 17 day: Hospital, institution, or street address where death occurred: Mt.Wilson San	Burka nuis Sing Home, Summitted & Ros
Mount Wilson, Maryland	WOOD STATE give LOCATION)
How long in hospital or institution? 2 yrs., 11 mos., 17 da	y \$ 2.(α) If veteran, name war
3.(a) FULL NAME August Blakley	3. (b) Social Security Number
	Unknown
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. August 10. 19. 45. 10:50 Am
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	August 24, 19 42 10 August 10 19 45
7. Birth date of deceased (mo., day, yr.) October 24, 1874	
8. AGE: Years Months Days If less than one day	Immediate cause of death
70 9 17hrsmi	The state of the s
9. Birthplece Baynesville, Maryland (Town, county, and state)	Due to
(Town, county, and state) 10. Usual occupation	
	Due to
11. Industry or business	Other conditions Aneurysm - Aortic Unknow
E 12 Name Richard Blakley 13. Birthplace Baynesville, Md.	Pulmonary Tuberculosis Unknow (Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Brown 15. Birthplace Baynesville, Md.	Major findings of operations
16. Informant Elmer Blakley	Antopsy results. No autopsy
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Glen Arm, Towson, Md.	22. YIOLENCE: If death was due to external causes, fill in the following;
Burial Burial (Burial, cremation, or removal, Which?) Date thereof Aug. 13, 194 (month) (day) (year)	Accident, suicide, or homicide
cometery or crematory Providence Cemetery	Where did injury occur?
Location Providence, Balto, Co., Marylan	
18. Funeral director John Burns & Sons	Means of injury injured at work?
Address Towson, Maryland	23. SIGNATURE Stewart S. Shoffer mid
	23. SIGNATURE CONTROL M. D. or other
10. 8/10 10.45 Earl Wester	

VS A15

MARGIN RESERVED FOR BINDING

The correct age

8/10 (Date rec'd by registrar)

. Date signed

AUGIA 1945

AUGIA TV. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. (Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-8

CEDTIFICATE OF DEATH

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Reg.	Di	at.	No	·	3	0

		CERTIFIC	ATE OF DEATH Reg. Diat. No				
1. PLACE OF DEAT	H: Balti	more	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Gounty	Caton	svilla	State Maryland County St Mary's				
City or town(If outs	ide city or town	SVILLe limits, write RURAL and give nearest town)	City or town				
How long In above place of	death? 4 yes	rs 3 months 25 days					
Hospital, Institution, or str	eet address where	death occurred:	Street No.				
		Hospital	(lf rural, give LOCATION)				
How long in hospital or in	stitution?4. y	ears, 3 months, 25 day	J.S. 2.(a) It veteran, name war.				
3. (a) FULL NAME		letgea May Blakistone	3. (b) Social Security Number				
4. Sex 5	. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female	White	Single	20, DATE OF DEATH August 23, 1945 19 3:30 P				
6.(6) Name of husband or	wife		••••••				
			years 19 19 19				
7. Sirth date of deceased (mo., day, yr.)	Decemb	er. 1898	and that I last saw halive on				
8. AGE: Years	Months	Days I It less than one day	Immediate cause of death				
o. Add.		hrs.	min. Pulmmay Kemmage				
46	8?						
9. Birthplace	t. Mary	s County, Maryland, county, and state)	Due to				
			Due to Somary occlusion				
10. Usual occupation	Nor	18	Oue to				
11. Industry or business			Due to Sudden deall				
Henr	y Blakis	tone	Dther conditions				
13 Richniage	t Mary's	tone County, Maryland					
14. Malden name			(Include pregnancy within 3 months of death)				
E 14. Maiden name	24	Country Namel and	Major findings of operations				
15. Birthplace ST	. Maryas	County, Maryland	Oate of op.				
t6. Informant	Hospi	tal Records,	Antopsy results				
		ille, 28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
D.,		0 05 45	22. VIOLENCE: If death was due to external causes, fill in the tollowing:				
(Paris) aremation of	rial	Date thereot 9-25-45 (month) (day) (year)	Accident, sulcide, or homicide				
(Durial, cremation, of	Spring	Grove State Hospital	Where did injury occur?				
Cemetery or crematory		00 15 3 3					
		e 28, Maryland	Injured at home, tarm, Industry, public place (where?)				
18. Funeral director	Spring G	rove State Hospital	Means of Injury Injured at work?				
Address C	at ons vil	le 28, Maryland	Lem Kiefle Ear & Ball				
		NPAL	23. SIGNATURE M. D. or other				
19	25 19 45	N. Cundiga	Address 1010 Leads an Date signed 5-23-4				
(Date rec'd by negis	trarj	or puly xocal "	Andress () Signed A				



MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEAT	' AUG 3 1 1948 H:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town(If outs (All outs) How long in above place of Hospital, institution, or str Vets • Adm •	Fort Howard ide city or town limits, wr death? 67 Days set address where death occ Fac. Fort How	ite RURAL and give nearest town) curred: ward, Maryland	State Maryland County 2839 Woodbrook Ave			
3. (a) FULL NAME	STITUTION?		3. (b) Social Security Numb	er 🗸		
	LOUIS BLOYA					
		Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Married	20. DATE OF DEATH August 8,	.155.P		
7. Birth date ot deceased (mo., day, yr.)	January 2		June 1, 19.45 to August 8, 7 and that I last saw h im alive on August 6, 7, Immediate cause of death.			
B. AGE: Years 58	Months Day		Gas gangrene 2	Days		
		and state)	artery Other Conditions 6 A Bisease of the heart 1 Hypertension, cardiac enlargement	Wks. Yr.		
	cholas Bloya	n	Myocardial damage, Myo-			
T 12. Name			Cardial insufficiency (Include pregnaucy within 3 months of death) Major findings of operations. Amputation right leg- Date of op. 7-27-			
13. Birthplace 6	reece					
14. Malden name	reece	Vets. Adm. Fac.	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statisti	cally.		
14. Malden name	reece cal Records, Howard, Mary	thereof (month) (day) (year)	PHYSICIAN: Please nuderline the cause to which death should be charged statisti			
14. Malden name	cal Records, Howard, Mary L removal Which?) St. Matt	thereof (month) (day) (year)	PHYSICIAN: Please nuderline the cause to which death should be charged statistic content of the	e)		

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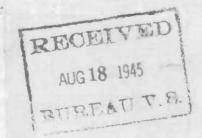
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07739

CERTIFICA	TE OF DEATH Reg. Diat. No. 44
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State
3.(a) FULL NAME anna E. Boll	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Queens # 13 19 45 21 2 45
8. (b) Name of incorant or the	Immediate caose of death Due to Hayour Euro Candis - Fas - By gran
10. Usual occupation	Due to
14. Maiden name Alia newwww. 15. Birthplace Seemany 18. Informant Seeled	(Include pregnancy within 3 months of death) Major findings of operations
17. (Burial, cremation, or removal, Which) Cemetery or crematory	22. VIOLENCE; If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address 418 Contents Come . Examples	Means of Injury Injured at work? 23. SIGNATURE
19. 8 - 1C - 19. 4 f Registrar	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

4	C	77	40	
	Reg.	Dist.	No. 4	4

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	Street No
How long in hospital or institution? Mark Seven Rive	
3. (a) FULL NAME ROSERS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH. ALL 1 2 18 21 7 P
B.(b) Name of husband or wife Mary & Bowler	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
6.5	nin.
9. Birtholace Wellsbora & a	Due to.
(lown, county, and state)	(GCELLEET)
10. Usual occupation	Due to
11. Industry or business 12. Name	
13. Birthplace W. Illebono , Pa	Other conditions
	' (Include pregnancy within 3 months of death)
14. Maiden name Wearah Cogers 15. Birthplace Wellsboro Ca	Major findings of operations.
16. Informani Mary E. Bowen	Autopsy results.
Address 1431 Ast S.E. P.C.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
1 17 19 45	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burisl, cremation, or removal, Which?)	Accident, suicide, or homicide Date of Date of Date of
Cemetery or crematory Andreas Comments	Where did injury occur? (City or town) (County) (Sector)
Location Wash, D. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John of Connelly	Means of Injury drawing, Injured at work?
Address 418 VEastern ave. Breefil	1 23. SIGNATURE Dombarnine M. D
(Date reed) by registrar) (Date reed) by registrar)	the Address Deporte melia spread

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BR

CERTIFICATE OF DEATH

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	Reg.	Diat	t. P	Vo.			
--	------	------	------	-----	--	--	--

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			URAL and give nearest town)	State Md. Cou	Balto.	
				City or town Owings Mills (If outside city or town limits		
Hospital, Institution, or	strect address where	death occurred		Street No. St. Thomas Lane		
St. I	homas Lane	<u></u>		Street #0(If rural, give	LOCATION)	
How long in hospital or	Institution?	***************************************	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	E	GEO	RGE H. BRADLEY	Landburg To 18	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Slogic	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White		Single	20. DATE OF DEATH August	284 1945 21 530 PM	
6.(b) Name of husband	or wife	000000000000000000000000000000000000000	***************************************	21. I CERTIFY that death occurred on the date abo		
G.(b) Name of husband or wife					15 to Aug 25 19 4 di	
7. Birth date of deceased (mo., day, y		5. 188			2 &	
8. AGE: Years		Days	If less than one day	Immediate cause of death		
61	2	23	hrs	fulmour.	Jularenten Jane	
9. Birthplace	Balto. Co.	Md.	tato)	Due to		
10. Usual occupation	Salad Mak	cer	***************************************	But to		
11. Industry or busines	Morrell F	Park Sa	lad Co.	Due to		
12. Name	George T.	Bradl	.ey	Dther conditions		
	Balto. Co	. Md.		(Include pregnancy within 3 r		
H 14. Malden name.	Mary A. S	mith				
14. Malden name. 15. Birthplace	Balto. Co			Major findings of operations.	Raje of on	
	Ir. Jack Pe	eet		Autopsy results.		
	t. Thomas		Owings Mills. Md.	PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.	
			of8/31/45 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
			1 Cem.	Where did injury occur?(City or town)		
			ld	Injured at home, farm, Industry, public place (w		
				Means of Injury	Injured at work?	
			& SONS	8 8 1	10000000	
Address	Balto.,			23. SIGNATURE OLG	ceases mus	
19 Clug 3	1 1945		UW. Veglocale	- Phanelo	M. D. or other	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

17	MAG	
Reg	Dist. No.	41

CERTIFICAT	E OF DEATH	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	.,
3. (a) FULL NAME Rolling Color of Face 6.40 Single, married, widowed, or divorced	3. (b) Social Security Number 275-05-9778	V
Male While Separated? 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH	P.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h laive on 19. Immediate cause of death DURATID	DN
9. Birthplace (Town, county, and state) 1D. Usual occupation (Town, county, and state) 11. Industry or business Marphones Com.	Due to.	Z
12. Name Augh Prent 13. Birthplace 14. Maiden name Sallia Bull 15. Birthplaco Balk hid	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Interment Harrison Brent Boetons Address 1721 Bollonst Boetons	Autopsy results	
(Burial, cremetion, or removal. Which?) Cemetery or cremetory Date thereof (Month) (day) (year) Commentery or cremetory Date thereof (Month) (day) (year)	Accident, suicide, or homicide	
18. Funeral director Lenny M. Jankins Sous Co	Means of Injury Injured at work?	-

23. SIGNATURE

Address.

Registrar

VS A15

Date recyl by registrar)

The correct age

ation carefully. The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07743

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	atonsvill tside city or town i f death? 16 ye treet address where Grove St	e imits, write R ars, 1 death occurred ate Hos	URAL and give nearest town) month, 22 days	Street No			
3. (a) FULL NAME	Mary	Brought	ton	3. (b) Social Security Number			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced widowed		ERTIFICATION	at 5. 2. 2. A. M	
			aghtonyears	rs and lhet I last saw h a.r. alive on Augu. st 19.45			
8. AGE: Years 73	Months 9	Days 3	if less than one day	Immediate cause of death	nial pneumonia	duration 3 days	
10. Usual occupation 11. industry or business 12. Name	housew own hn Bankar Maryland	ife home d	state)	Due to	months of death)	1 day	
15. Birthplace	spital r	ny ecords	ore - 28, Md.	Major findings of operations	Bate of op		
17(Burlal, cremation, Cemetery or cremator Localion	or removal, Which?		month (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	(County) where?)	(State)	
19. Aug 2 /	19.46 istrar)		W Hedrick	23. SIGNATURE ROBERT E. Gar Address Baltimora - 28,	rdner, M.D. M.D. or Md. Bate signed	other	

CERTIFICA	TE OF DEATH Reg. Dist. No.
PLACE OF DEATH: County	State Florida County City or town Rockledge (If outside city or town limits, write RURAL and give nearest town)
Veterans Administration Facility How long in hospital or instillution? 1 day	
3. (a) FULL NAME RUFUS M. BRUSH	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATHAugust 30
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 29 19.45 to August 30 19.45 and that I last saw h. imalive on
9. Birthplace	
12. Name	Other conditions
16. Informant Clinical Records, Veterans Adminis- Address tration, Fort Howard, Maryland 17. Burish, cremation, or removal, Which?) Cemetery or crematory Battaward Maurical Location Feeducies Rd —	PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. A. Lee Oder Address 4644 York Road, Balto. Md. 19. S. L. J. druft. (Daly refer d by registrar) Registra	23. SIGNATURE BALTER, LT. COL., CLIN. MOTRISOFOR

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

07745

CERTIFICATE OF DEATH

			CERTIFICA	IL OI DEA		Reg. Dist. No	***************************************	
1. PLACE OF DEA	ATH: Baltimore				ENCE (HOME) Onfants give residence of			
lly or town	atons ville utside city or town li of death?	e mits, write R 2 mont	URAL and give nearest town)	State County Sattement of County City or town imits, write RURAL and give nearest town)				
ospital, institution, or Sprin	street address where	tate Ho	spital	Sireel No				
3. (a) FULL NAME		ces Bu	mett	. 2.(a) ii veteran, name	m der	3. (b) Social Security	Number	
Female	5. Color or race White		, married, widowed, or divorced			ERTIFICATION	7.55 n	
						19 45		
6.(b) Name of husband or wife Robert Burnett				June 23	19.	ove stated; that I attended deci 45 to August ugust 23	23 19 45	
Birth date of deceased (mo., day, y	Septer	nber 12	2, 1871			- 17		
8. AGE: Years 73	Months	Days	If less than one day	Term	inal pneumo	nia	24 hrs.	
9. Birthplace Baltimore, Maryland (Town, county, and state) Housewife				Due to. Cerebral hemorrhage? 30 hrs.				
1D. Usual occupation 11. Industry or business	Home	*****************					A	
12. Name	Willi. Irela		Rattican					
	Bridg		- ?			menths of death)		
15. Birthplace	Irela: Hospit		cords	Antopsy results	None	Date of op		
Address	Caton	sville	Balto 28, Md.			hich death should he charged uses, fill in the following;	statistically.	
17. Sulla (Burial, cremation, Cemetery or cremator		Date there	(month) (day) (year)			(County)		
Location 56	08 400	-gw	rod Road Ubor	gain		(County)		
1B. Funeral director	03 Bl	Dou	van/4 Jou	Maans of Injury	Do VIE	Injured at work?	the s	
Address 9/1-	19 (5 G	Defree Registra	23. SIDNATURE ROL	vert E. Gard	her, M.D. M.D. Md. Date signed	or other	
(Date rec'd by reg	ristrar)		Registra	Address	WIIS ATTICANO	Date signed.	0/ 20/ 40	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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. Date signed,

			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
CERTIF	ICATE	OF	DEATH	

CERTIFICA	Reg. Diat. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	14.71
City or town town limits, write RURAL and give nearest town) How long in above place of death?	State Md. County Balt. City or fown Pikesville, Md. (If outside city or town limits, write RURAL and give	
Hospital, Institution, or street address where death occurred:	Street No. Woodholme Ave. (If rural, give LOCATION)	***************************************
How Tong In hospital or Institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME John Burns, (J	John Joseph Burns) 3.(b) Social Secur	
4. Sex 5. Color or race? 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	J 104
6.(b) Name of husband or wife Alma Josephine 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended a	deceased trom
deceased (mo., day, yr.) June 17, 1902	Immediate cause of death	
8. AGE: Years Months Days If less than one day 2 0hrsmin.	•	
9. Birthplace Baltimore (Town, county, and state)	Due to.	
10. Usual occupation Detective Sgt. Balto., Police	Due to	
12. Name Charles Henry Burns 13. Birthplace Baltimore, Md.	Diher condiilons	
	(Include pregnancy within 8 months of death)	
14. Maiden name Mary Frances Tuohy 15. Birthplace Boston, Mass.	Major findings of operations	•••••
16. Informant Mrs. Alma Josephine Burns	Autopsy results	
Address Woodholme Ave. Pikesville, Md.	PHYSICIAN: Flease underline the cause to which death should be charge	ged statistically.
17. Burial Burial Bate thereof 8/21/45 (Burial, cremation, or removal. Which?) Cemetery or crematory New Cathedral Com.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Balto., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director WILLIAM J. TICKNER & SONS INC.	Means of Injury Injured at work?	
Address Balto., Md.	23. SIGNATURE: A. P. D. C. S.	B. D.
19. (Date rec'd by registrar) Registrar	Water 10 18 deep	Maccont

Address.....

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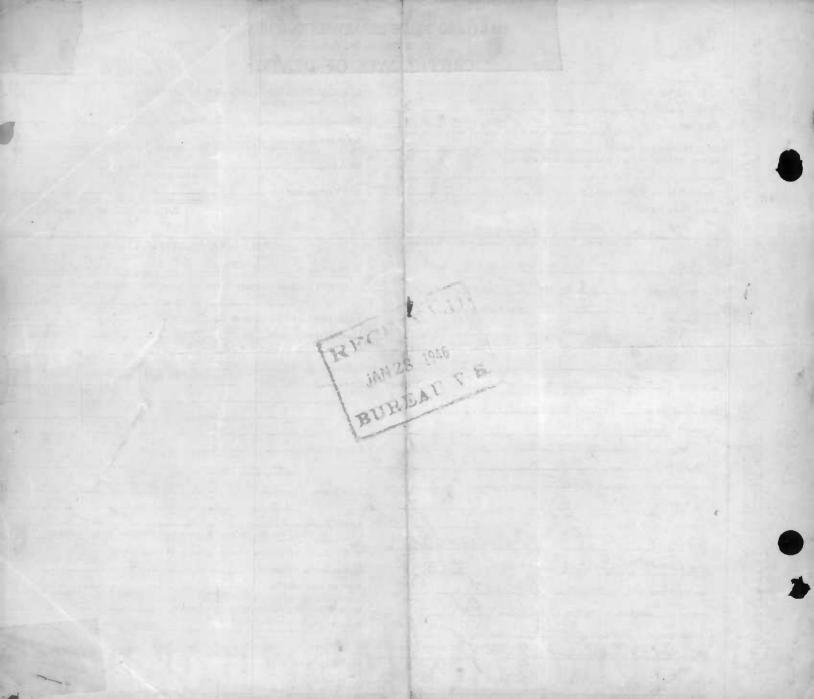
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dallo	State
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
her. Of Grace	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH august 8 19 46 at 800 M
Ilabora & Jacksoli	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6,(b) Name of two and or wife	21. I bentiff I that bean occurred by the date above stated. That yaltended deceased from 19. #55
7. Birth date of	and that I last saw h the alive on elegist of 19.465
deceased (mo., day, yr.) 2000 11 - 18 7 6	
8. AGE: Years Months Days If less than one day	Immediate cause of death
6 9hrsmin.	All the state of t
5/4	
9. Birthplace	Due to
10. Usual occupation Laborer	
1t. Industry or business	Due to
12. Hame	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
15. Birthplace	Date of op.
ts, informant. Helen Enger	Autopsy results
Address to tall the muces.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 -00 01,7161	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory, Assert 9 Keart	Where dld injury occur? (City or town) (County) (State)
h 91.00 Q	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	means of mjury imports at works
Address 44 Aventera ave. 7	Lenar Ma Hummel
01121 W OV 4 P. M.	23, SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 47) 1 & Cally A) en the signed (12476



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNE is especially important.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

07747

CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
UVUILI 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	state Maryland county Baltimore
Clty or town. Cockeysville (If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death? 51 Years	City or town. Cockeysville (If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street eddress where death occurred:	Street No. York Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Anna Bussey Cockey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE DE DEATH CLISS 2 19 45 at 5 4
6.(b) Name of husband or wife Joshua F. Cockey	21. I CERTIFY, that death-occurred on the pate above staled: that I attended deceased from
A/311 H = 1	July 30 19 45 10 aug 2 19 43
7 Bulb dide of	ears end that last saw h. C. alive on
deccased (mo., day, yr.) May 4, 1865 8. AGE: Years Months Days Itless than one day	Immediate cause of death
80 2 28hrs	min. Corestal Hammage 4 any
9. Birthplace Bentley Springs, Balto, Co., (Town, county, and state)	M.C. eue to.
Nama	
	Due to Utilino ollerons
11. Industry or business	
Clement Bussey 12. Name Harford County, Md.	Diher conditions
	(Include pregnancy within 3 months of denth)
14. Malden name Mary R. Cockey 15. Birthpiace Balto. Co., Md.	Major findings of operations
El 15. Birthplace Balto. Co., Md.	Date of op.
16. Informant Bennett B. Cockey	Autopsy results
Address Cockeysville, Md.	PHYSICIAN: Flease under ine the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 8/4/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Joseph's	Where did injury occur?
Location Texas, Md.	Injured at home, farm, industry, public place (where?)
M/ (156M rake and Day	Means of Injury Injured et work?
16. Funeral director	111 0 £ 1-
	23. SIGNATURE SVILLE (O. OMM). D
Aug. 3 45 Wilmer C. Enso: (Date rec'd by registrar) Regist	
(Date rec'd by registrar) Regist	trar Address



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46.6 CERTIFICATE OF DEATH

07748

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty a Baltimore	(For newborn infants give residence of mother)
7 : : ! ! -	State Many County Dulland
(If outside city or town limits, write RURAL and give nearest town)	City or town Chatamarille
ow long in above place of death?	City or lown
I with I tomb. Edward and the	Street No. Att Dentity of Accounts
low long in hospital or institution?	(if gural, give LOCATION) 2.(a) If veteran, name war
low long in nospitation institution?	
de la companya del la companya de la	3. (b) Social Security Number
i. Sex 5. Color or rate 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
France White Single	A
The winds	2D. DATE DF DEATH
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10, 45.19
Birth date of	
Birth date of deceased (mo., day, yr.) Qully 19, 1861	
. AGE: Years Months Days If less than one day	Immediate cause of death
84 — 23hrsmin.	••••••••••••••••••••••••••••••••••••••
Einelaite Stale	
(Town, county, and state)	Due to
D. Usual occupation. Thank	
1. Industry or business Thomas	Oue to
21111	Other conditions.
12. Name flasting to the	A .
	(Include pregnancy within 8 months of death)
14. Malden name Johnson Buouse	Major findings ol operations
15. Birthplace Kinscharity Drelans	Date of op.
6. Informant James Leo Godd	Autopsy results.
1.,0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 4 Deaumont Miles	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereoi (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Plew Cathealed Cem	Where did injury occur? (City or town) (County) (State)
B + D D	
Location Della State of the Sta	Injured at home, farm, industry, public place (where?)
18. Funeral director Callaton Aonal	Means of Injury Injured at work?
Address 60 & Ferelleick Aul. Patons	and. of the state of me
al in all of	23. SIGNATURE M. D. or other
10 8/14 10 45 N (x, amares	Really To The land State

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The

MARYLAND STATE DEPARTMENT OF HEALTH					
	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

Bureau of Vital Statistics, Baltimore	Bureau of Vi	ital Statistics,	Baltimore	BB
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6	My	My	A	1	

CERTIFICA	TE OF DEATH	19
1. PLACE OF DEATH: (a) County (b) City or town (if outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in this community (yrs., mos., or days)	2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State (b) County (c) City or town Sections (If outside city or town limits, write RURAL (d) Street N2/2 9 Churches (If rural give location) (e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Benjamu Colemon	1	/
3 (b) If veteran, name war 3 (c) Social Security No. A Sex 5. Color or race 6 (a) Single, married, widowed, or	20. Date of death 21. 1 certify that death occurred on the date above stated	
Track white divorced. Framed 6 (b) Name of husband or wife Januar Coleman	ed deceased from march 26, 19 45, to hup / and that I last saw him alive on auf. 15, 194	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation	Due toOther conditions	Duration
11. Industry or business 12. Name Aolomon Coleman 13. Birthplace Cussa 14. Maiden Name Edlel ?	(Include pregnancy within 8 months of death) Major findings: Of operations	Underline the cause to which death should be charged statistically.
16 (a) Informant Farmer Colomos (why) (b) Address 2/2 9 Christian Theex 17 (a) (Burial, cremation, or removal) (c) Cemetery or crematory Itelus Herring Itelus Location Bowlis Lacas 18 (a) Funeral director Sol Sewimon Box		(State) lace, in public
(b) Address (b) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Address Perstession 2nd Date signed	r other

07750

CERTIFICATE OF DEATH

rect age		TE OF DEATH Reg. Dist. No.			
ation carefully. The correcth clearly and legibly.	1. PLACE OF DEATH: County Washington town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 12 2 Mow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.			
dea	3. (a) FULL NAME Obert Cale	3. (b) Social Security Number			
causes of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH			
the	6.(6) Name of husband or wife. Alaule M. E. Colesson. 5.(c) It alive, give age. 5	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
ev	7. Birth date of deceased (mo., day, yr.) Sept. 5, 1882	and that I last saw h 19 19 19 19 19 19 19 19 19 19 19 19 19			
Supp	8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death			
INK.	9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to. Cardio- Penal ?			
ADING Physici	11. Industry or business	Oue to			
Fe.	12. Name unlandur	Other conditions			
H	Handler name Un Crocontro	(Include pregnancy within 8 months of death) Major findings of operations			
LY.	15. Birthplace 18. Informant Mable M. E. Caleman	Antopsy results.			
PLAINLY, is especially	Address 4/2/2 Winters and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:			
Is. Is	(Buriat, cremation, or removal. Which?) Cemetery or crematory Lesseu Gay (month) (day) (year)	Where did injury occur? (City or town) (County) (State)			
WRITE	Location atomassille, mad	Injured at home, farm, Industry, public place (where?)			
SE W	18. Funeral director Elsoy C. Wilson	Means of Injury Injured at work?			
LEAS	Address 1000 Brand ley and	23. SIGNATURE C. L. J. M. Cufury M. D. or other			
P	19	Address Calvas III Date signed 8/5/45			

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	DEPARTMENT OF HEALTH PERM. FILE: DEAN FOST LANGE AND LANGE LANGE LANGE LANGE PROPERTY AND
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED 751 (For newborn lufants give residence of mother) State County Cou
3. (a) FULL NAME John Collins Coope	3. (b) Social Security Number
4. Ses S. Color of pace S.(a) Single, married, widowed, or divorged S. A.S. J.	MEDICAL CERTIFICATION 45 20. DATE OF DEATH. Suggest 18 19 70 P.
8. (c) If alive, give age yes 7. Birth date of deceased (mo., day, yr.) May 20/1/8/ 1891 8. AGE: Years Mooths Days If test than one day 54/27/ 2 54	and that I last saw h alive on 19 Immediate cause of death Franchischer Alault DURATION and Crushed upani multiple companied 8/18/4
16. Informant E 13 a 6xth SNow den Address Street M 1 17 Buriel Date thereof Ang 20 145- (Burial, cremation, or removal, Which?) Cemetery or crematory Clark's Chapel	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homiside
Location 6,69.2, M & 18. Funerat director Sear 4 Softe Address Belain Md 18. 8 70 Priocilla Forward (Date rec'd by registrar) T. Registra	Means of Injury Walking onto train injured at work? Yes 23. SIGNATURE Address Toward 4. Man. D. or other Date signed 19145.

The second of the second 1/20 Maria Maria A STREET SOUTH THE INTE PAGE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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		CL	KITITCA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF D		ore		2. USUAL RESIDENCE (HOM (For newborn infants give reside	E) OF DECEASED:
ounty	Catonsy	* 11e	.00000000000000000000000000000000000000	State Maryland	Baltimore Co.
Ity or town(If	outside city or town i	ille mits, write RURAL and give	nearest town)		
low long in above pla	ce of death?	l years	********************	(If outside city or town	onsville limits, write RURAL and give nearest town)
	or street address where	death occurred: OME		Street No. Ridgew	ay Road
			.00000000000000000000000000000000000000	(If rura	l, give LOCATION)
	or Institution?			2.(a) It veteran, name war	NONE
3. (a) FULL NAM	NE				3. (b) Social Security Number
	ROBE				NONE
4. Sex	5. Color or race	6.(a)Single, married, widowed	i, or divorced	MEDICA	L CERTIFICATION
Male	White	Married	and the s	20 DATE OF DEATH	7 3 19 4 J 21 6 A.
	Kat:	harine A. Crot	here		he above stated: that I attended deceased from
					are above stated; that I attended deceased from
7. Birth date of) years		Aug 3 18 7
deceased (mo., day	yr.) Octob	er 2, 1880			
8. AGE: Yea		Days It less than or	ie day	Immediate cause of death	- //
61	10	1hrs.	min.		Sin Danetia
9. Birthplace	Balti	more City, Md.		Oue to.	
	(Town,	county, and state)			
10. Usual occupation		awyer		Due to	
11. Industry or busine		Law			
원 12. Name	Jame	s Crothers	•••••	Other conditions	
3. Birthplace		imore, Md.			
14 Moldon some	Adela	ide King		(Include pregnency wit	hin 8 months of death)
14. Malden name	Dal.	imore, Md.	***************************************	Major findings of operations	
			1		Date of op
		e A. Crothers			
Address Ric	lgeway Road	, Catonsville,	Md.		to which death should be charged statistically.
17 R111	rial	Date thereof August	6. 1945	22. VIOLENCE: It death was due to exter	
(Burial, crematio	rial on, or removal. Which?)	(month)	(day) (year)		Date of
Cemetery or crema	toryL	oudon Park	************	Where did injury occur?	own) (County) (State)
Location Fre	ederick Ave	., Baltimore C	ity, Md.		ace (where?)
		Mowen Company		Means of Injury	Injured at work?
		.(W.F.Wooden-S		1/	1. 06/-
0/2	KT			23. SIGNATURE	M. D. or other
19.	19	Acolto		CA 1	2 Acad m. D. of other

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(Date rec'd hy registrar)

(month) (dny) (year)

(Burial, or

WRITE PLEASE VS A15

injured at home, farm, industry, public place (where?) tocation Means of injury 18. Funeral director (Date rec'd by registrar)

Date thereof.

(County)

Injured at work?

(City or town)

Accident, sulcide, or homicide.....

Where did Injury occur?

Reg. Diat. No

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATIO)() 3. (b) Social Security Number MEDICAL CERTIFICATION

DURATION

(Include pregnancy within 8 months of death)

22. VIOLENCE: If death was due to external causes, fill in the Jellowing:

(County)

Injured at work?

M. D. or othe

Date signed.

	108. Diete 10. Dimentionin
1. PLACE OF DEATH: County Dundalk.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md County Dundalk
Now long in above place of death?	(If outside city or town limits, write RURAL and give negrest town)
21 Liberty Parkway	Street No. 21 (If rural, give I CATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Micholas Ma	ertin Dippold 712-07-2639
4. Sex 5. Color or race (S.(a) Single, married, wildowed, or divorced male white married	MEDICAL CERTIFICATION ' 20. DATE OF DEATH 19.45 at 10:45
6.(b) Name of husband or wife Comman Margaret 8.(c) If allive five age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb - 8 - 1887	and that I last saw h
8. AGE: Years Months Days It less than one day 58 6 /hrsmin.	Immediate cause of death Carebral Throm Wosts 3 days
8 Richarder Ballinge - Md.	Due to arterios cleratic cardia-vascular
10. Usual occupation	Tiseas & Chyperlension 2240
11. Industry or business 12. Name Martin Disseld	Cther conditions
Z 13. Birthplace Sermany	(Include pregnancy within 8 months of death)
14. Malden name Mangaryt Fleischma 15. Birthplace Lennany	Major findings of operations.
16. Interment Mus Carrier M. Dispold	Aatopsy results.
Address VI Scherter Parker Day	PHYStCIAN; Flease underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to exteroal causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Baltishara	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Seonard, & Ruck	Means of injury Injured at work?
Address 5305 Harfold Road-	on SIGNATURE Sidney R. Hebler & Dr. M. D
1/11 12 11 1/2 / 11 1/2 driet	M. D. or other

Registrar Address 13/1

VS A15

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earofully. The covrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CEPTIFICATE OF DEATH 07756

..... Oate signed ..

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State County County
Now long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death accurred	Street No. 7/1 Herd Valls bring and
7/1 new Gells bug and	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ougustus Doled	x. 214-20-6912
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male lof. married.	20. OATE OF DEATH. Queg 19 15 fot 21 4A M
B.(b) Name of husband or wife I class	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife.	aug 1919 4 1, 10 lug 19 19 48
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	Immediate cause of death
49 10 11 hrs. min.	Con my seefer seem 32
1/2	
9. Birthplace (Town, égnnty, and state)	Oue to.
mark	
10. Usual occupation	Ove to
11. Industry or business Carefy / Thabank,	
12. Name luguelle Doles	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
E 14. Maiden name Line A Amonda &	Major findings of operations.
\$ 15. Birthplace	Date of op.
16, Informant Christine Branchon.	Autopsy results.
Address Furnes He md.	PHYSICIAN: Flease underline the cause tn which death should be charged statistically.
1 2 2	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Oate thereof (1997th) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Balto Dalional Cemely	Where did injury occur?
Location Ballinge had	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Potent & William	Means of injury Injured at work?
Address 16/5/McElderry D	Sombar in In J.
E/2 1 - A1. 11	23. SIGNATURE M. D. Sr other
(Date rec'ti by registrar)	Address Departy of Rate signed Challes

Supply every item of information carefully the correct age lease write the causes of death clearly and legibly.

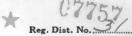
PLEASE WRITE PLAINLY, WITH UNFADING INK, is especially important. Physicians: 1

VS A15

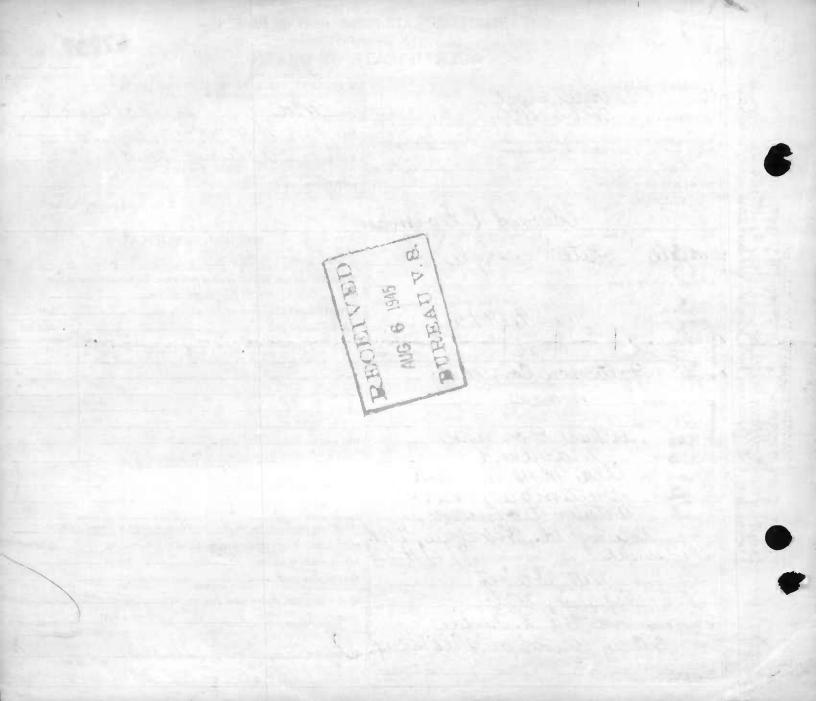
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Edward E. Dorma	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION 2D. DATE DF DEATH 1945 at
8.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace Baltimore Co., Md.	- Cyptocle of spinfadials anal malforme-
(Town, county, and state) 10. Usual occupation	Due to.
11. Industry or business 12. Name Orthur Domps 13. Birthplace Maryland	Other conditions makenutritions
14. Malden name Class Mary Howard	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant arthur Dominary	Antopsy results.
Address Rolling Rd., Heberelle, W. 17. (Burlal, eremation, or removal, Whight) Date thereof. (Aug. (Park)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Roland L. Fullas	Means of Injury Injured at work?
19. 7 7 4 5 19 Registrar) Address 70 B G Windeov Will Goas 19. 7 7 4 5 19 Registrar	23. SIGNATURE M. D. or other M. D. or other Address and allatour. M. D. pate signed M.





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MA	I A	LA	W	2

2411 N. Charles St., Baltimore

STATE DEPARTMENT OF HEALTH

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Reg. Dist. No.....

	CERTIFICATE	OF	DEATH
1. PLACE OF DEATH:	2.	USUAL	RESIDENCE (H

PLACE OF DEA				2. USUAL RESIDENCE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cool	eysville	*************	***************************************	11	State Md. Cambi Balto.			
or town. (If or	talde city or town li	mits, write I	RURAL and give nearest town)	•••••			000.00000000000000000000000000000000000	
				City or town COCKE	vsv1110	, write RURAL end give t	nesrest town)	
oltal, Institution, or street address where death occurred: 1 Tufton Ave.				Street No				
Д. Д	ul con Ave	•	••••••••••••••••••••••••		(If rural, give			
long in hospifal or	institution?			2.(a) If veteran, name war		*******************************	•••••	
a) FULL NAME EFFIE M. EBAUGH					3.(b) Social Security Number			
ex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	N.	MEDICAL CH	ERTIFICATION		
Female	White	S	ingle	20. DATE BF DEATH	a. 00	()	6:254	
				1 4 4				
	************************	6.(c) If alive, give age	rears July 255	19	Y. to	19.7.	
irth date of eccased (mo., day, yr) Sent.	25, 1	875					
AGE: Years	Months	Days	if less than one day	Immediate cause of death	4 0 1/		A	
69	11	3	hrs	min.	who was	Annual Marie Comment	3 days	
Hat	cksville,	Md.			61 00 00 00 00 00 00 00 00 00 00 00 00 00		***************************************	
Birthplace	(Town,	county, and		Due fo	011 00000000 70000000000000000000000000	***************************************	****	
Usual occupation	Retired	School	Teacher					
NEW YORK	Balto. C	ity		Due fo				
			ugh	Other conditions				
	laucksvill							
			lonee	(Include pro	egnancy within 3 m	nonths of death)		
14. Malden name				Mojor findings of operations	L			
15. Birthplace	Balto. Co	., Mad.			**********	Date of op		
Informant Mr.	John L.	Ebaugh						
Address 508	Broadway	. Birm	ingham 9. Ala.	PHYSICIAN: Please underlin	ne the cause to wh	nich death should be charge	ed statistically.	
Rurie	1			22. VIOLENCE: If death was				
Burial, cremation,	or removal. Which?)		8/30/45 (month) (day) (year)	Accident, suicide, or homicide	2	Date of		
emetery or cremator	Druid		Cem.	Where dld Injury occur?	(City or town)	(County)	(State)	
	Pikes			Injured at home, farm, Industr				
Europal disorter	WM. J. T	ICKNEF	& SONS	Means of Injury		Injured at work?		
ddress	Balto.,			LE	Pa. A	A 0	ma	
(Date refd by reg	7 19 4 J	- 4	W Kegis	rar Address 201	1. Cal	M. Date signe	or other	

information carefully. The co ADING INK. Supply every item of Physicians: please write the causes WITH UNF! PLAINLY, V is especially PLEASE WRITE

The correct age

Hospital, Institution, or street address where death occurred: 1 Tufton Ave. Now long in hospital or institution?....

11. Industry or business Balto. City

Zachariah C. Ebau 13. Birthplace Haucksville, Md.

18. Informant Mr. John L. Ebaugh

3. (a) FULL NAME

deceased (mo., day, yr.)

1B. Usual occupation

14. Malden nar 15. Birthplace

18. Funeral director

6.(b) Name of husband or wile.

4. Sex

7. Birth date of

8. AGE:

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0	1	1.	Pa.		
V		9	0	U	

Date signed 8/

ERTIFI	CATE OF	DEATH

		CERTIFICA	ATE OF DEATH Rog. Dist. No	************
1. PLACE OF DEATH: County			State Md. County Balto. City or town TOW.son (If nutside city or town limits, write RURAL and give nearest town) Street No. 912 Kingston Rd. (If rural, give LOCATION) 2.(a) If veteran, name war. World War 2	
4. Sex	5. Color or race	(6.(a) Sigle, married, widowed, or divorced	3. (b) Social Security Number	
Male	White	Single	20. DATE OF DEATH 19.45 at //	130
	*************************************			_18
8. AGE: Years	Months 6	Days If less than one day	in applying \$/1	1/45
8. StribplaceNew York (Town, county, and state) 10. Usual occupation			Due 10	
11. tadustry or bosiness Brink Co. 12. Name William J. Ehorst			Willes Continues	
14. Malden name	Mary Ann Brooklyn	Hynes , N. Y.	(include pregnancy within 3 months of death) Major findings el eperatious	
Address 91 t7 Bur (Burlal, cremation, Cemetery or cremator	2 Kingston ial or removal Which? Dru Pik	J. Ehorst Rd., Towson 4, Md. Bate thereof. 8/4/45 (month) (day) (year) id Ridge Cem. ssville, Md. ICKNER & SONS	Antopsy results	Ny.

Registrar

Address..

VS A15

Balto., Md.

(Date rec'd by registrar)

19.

Peul Street

Address Sate Hosp. Catonsville. 28. Md.

(Burial, cremation, or removal. Which?)

(Date rec'h by registrar)

ICAI	E UF DEATH Reg. Diat. No.	•••••
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn lufants give residence of mother)	
*************	State Maryland County	***************************************
own)	City or town Baltimore (if outside city or town limits, write RURAL and give near	
	Streef No. 505 North Belnord Avenue (If rurul, give LOCATION)	
	2.(a) If veteran, name war.	***************************************
	3. (b) Social Security N	umber V
	pone	/
ed	MEDICAL CERTIFICATION	
	20. DATE OF DEATH Avgust 19 1945,	at 5:45 P M
	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
	July 24, 1945 19 to August 3	
.Ω.Wiyears	and that last saw h im alive on August 19	94519
	Immediato cause of death	DURATION
	Terminal central pneumonia	24 hrs
min.		
***************************************	Due to Chronic arteriosclerotic cardiovascular disease	Indef.
	Due to	***************************************
	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************
	Other conditions Hydrocephalus internal and	
	external (Include pregnancy within 3 months of death)	11
	Major Sudings of operations Incarcerated left indi	irect
	inguinal hernia (no injury tate of op. 8/	114/45
	As shore	
************	Autopsy results	tatistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
- 45.	Accident, suicide, or homicide	
	Whers did injury occur? (City or town) (County)	(State)
	injured at home, farm, Industry, public place (where?)	
	Means of tnjury Injured at work?	
•••••	Home MMIO-1	MA
)	23. SIGNATURES HEAVY C. A. Mead, M. D. M. D. of Address Catonsville, Md. Dafe signed	other
Registrar	Address Catonsville, Md. Dafe signed	3/20/45

WRITE

PLEASE

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jaco	(For newborn infants give residence of mother)
and and	State County Salto
(If outside city or town limits, write RUKAL and give nearest town)	totale-
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Xal Itakh agarin Black
Schalls, Thorlo	
	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grande tolera	
search sentier	2/7-01-4171
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule While married	20. DATE OF DEATH. Queg 19 1924 5 21 5 R
	20. DATE OF DEATH.
8.(b) Name of husband or wife Mable, & Pichrer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(V) Raille 01 Jusuanu 01 wille	ale 19 1944 to aug 19 1945
7. Sirth date ot	
deceased (mo., day, yr.) Sept 154-1906	and that I last saw h
	Immediate cause of death
0. 1102.	1 - ()
38 // 4nrsmin.	Cor mas a delusion on.
soft and march	
9. Birthplace Cattonial, Maryland (Town county, and wate)	Due to.
of the of the	
10. Usual occupation	main laule allohotes
11. Industry or business & Mastin	
wi a i alli	
E 12. Name fullsom to tellula	Other conditions Our water
13. Birthpiace Caltimore	
Elinate In less	(Include pregnancy within 8 months of denth)
E 14. Maiden name	Major findings of operations.
14. Maiden name Grandett Manhee Softmand	
200000000000000000000000000000000000000	Date of op.
16. Informant 1240 Market 9- Purchas	Autopsy results
Address 3025 Nancettora and	PHYStCIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Buttal Date thereof Rug. 23 1943	
(Burial, Cremation, or removal, Wacht)	Accident, suicide, or homicide
Cemetery or crematory arkswood	Where did injury occur?
Location Deltanore many and	Injured at home, farm, Industry, public place (where?)
18. Funeral direct assafra Franketal Hane	Means of Injury Injured at work?
	the one of
Address 7401 Delast Topad	Al. XIMKOULYMAN - TO T
1 1 1 1 1	23. SIGNATURE.
19. august 23 18 45 Nawsund - Tailer	Depuly Medical Externer
(Date Arc'd by registrar) Registrar	Address Date signed Of Delay
	Juliana, in

RECKIMED MIG 24 1945 BUREAUVE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 977

CERTIFICATE OF DEATH

07763

-			CERTIFICA	IE OF DEA	IM	Reg. Diat. No	<i>±</i>
1. PLACE OF D	EATH: timore	000000000000000000000000000000000000000			ENCE (HOME) Confants give residence of	OF DECEASED:	
City or town. Lynch Road, Edgemere, (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		State Maryland County Baltimore City or town Edgemere (If outside city or town limits, write RURAL and give nearest town)					
		•••••	***************************************	Street No		LOCATION)	••••••
How long in hospital	or institution?	*************	***************************************	2.(a) If veteran, name v	war		•••••
3. (a) FULL NA		necca R	. Fitzell			3. (b) Social Security	Number
4. Sex	5. Color or race		le, married, widowed, or divorced	11	MEDICAL C	ERTIFICATION	
Female	White	W	idowed	20. DATE DF DEATH		1945	9:00 P
6.(b) Name of husbar 7. Birth date of	(IV VI RIIO	6.	Fitzell (c) It allve, give ageyears	aug	19.	ove stated; that t attended decea 40 to Rug 2	2 19 40
deceased (mo., da		1. 23,					DUBATION
0. 1102.	ars Months	Days	It tess than one day				***************************************
85 7 29			Due to	necular	Tilrellation	15 gla	
10. Usual occupation 11. Industry or busin		••••••		Dua to		***************************************	•
至 12. Name. He	enry Lohmue	eller	•••••			**************************************	
13. Birthplace Baltimore, Md.							
14. Maiden name Louise Tanny 15. Sirthplace Baltimore, Md. Mrs. Stella Ryder				ide pregnancy within 3			
TO AS COMPANY	Baltimo	6M as					
1 15. 0171np1208	Mrc Stol	o Prodo	22			Date of op	
16. Informanl	*************************		••••••••••••••••••			hich death should be charged	
Address	2506 Laker					uses, fill in the following;	
Burial (Burial, cremation, or removal, Which?) Date thereof, Aug. 24, 1945 (month) (day) (year)				Date of			
(Burial, cremati	on, or removal. Which atory Mt. Cal						
			***************************************			(County)	
Location			***************************************		tndustry, public place (w	rhere?)	***************************************
18. Funeral director.	Ullrich	Funera	1 Home	Means of Injury		tnjured at work?	A
Address	2008 Orles	ans St.	, , , , , , , , ,	23 SIGNATURE OF	formard)	Burus M.	D.
19. Cing	23- 19 45 registrar)	. 0	. L. Fasbes Registrar	Address 54 Qu	und och a	Burus M. M. D. We Date signed	to other 23,19

RECEDITOR

AUG 27 1945

BUREAU V.S.

rect age	age is shown on 2411 N. Charle	EPARTMENT OF HEALTH Ses St., Baltimore PARTMENT OF HEALTH Reg. Dist. No
or BINDING every item of information carefully. The correct ite the causes of Heath clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
informati of Heath	3. (a) FULL NAME John Won Forcle 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
BINDING y item of i	Male white married	20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
F wr	B.(b) Name of husband or wife 1. A.	and that I last saw h. alive on 19. Imprediate cause of death OURATION
RESEI G INK.	9. Birthplace Mary land (Town, county, and atate) 10. Usual occupation Plus d 11. Industry or business Plastere	Due to.
	12. Name alot Forder 13. Birthplace Mary land	Other conditions (Include pregnancy within 3 months of death)
WITH UNF	14. Maiden name Sarah Jane Keith 15. Birthplace Mary land 16. Deformant James 6 Forder	Major findings of operations
PLAINLY, vis especially	Address 3804 Roolidge ave.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:
TTE PL	(Burial, cremation, of removal. Which?) (month) (day) (year) Cemetery or crematary.	Accident, suicide, or homicide
VS A15 PLEASE WRITE	18. Funeral director Harry W. Withtee Address 4/0/ 6 amon dson an	Means of Injury Injured at work?
VS A	10 aug 11 45 ElKeffer	23. SIGHATURE M. D. or other

(Date rec'dor registrar)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of inkering is especially important. Physicians: please write the causes of

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

BYTEE

.... Date signed .. O.

CERTIFICATE OF DEATH

	()		00	3
Reg.	Dist.	No.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Balto	() 01
City or town	State Md County Balto
	City or town
How long in above place of death?	(If outside city or fown limits, write RURAL and give nesrest town)
36 W. Midland Rd	Street No. 36 W. Midland Rd
	(If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Lula B. French	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
D 1 1.61 7. 201.	
Finale White Married	2D. DATE DF DEATH City 9 19.45 at 12.30
6.(b) Hame of husband or wife Wesley French	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.
6.(b) Name of husband or wife	ally 1 18 45, 10 aug 3 19 45
	and that I last saw holes alive on 19 4 19
7. Birth date of deceased (mo., day, yr.) Tunk 22 and 1867	
8. AGE: Years Months Days If less than one day	Immediate cause of death
	assert mines
78 / 7hrsmin.	
9. Birthplace Richmond Va.	Due to Alexand Harmy Hard
(Town, county, and state)	O'/ Decree
1D. Usual occupation.	Due to
11. Industry or business Cly House	DUE 10
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Sarak Crow 15. Birthplace Va.	
15. Birthplace	Major fiadings of operations
16. Informant Howard W. French	Autopsy results
Address 36 W. Midland Rd. River	PHYSICIAN: Please underline the cause to which death should be charged statistically.
9 9 9	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Parkanad	
Cametery or aremetery	Where did injury occur?
Location Parkville My.	Injured at home, farm, Industry, public place (where?)
11391 and Inch	Means of injury injured at work?
1B. Funeral director	(1) A Standard
Address 12.17 St. Paul St.	Liman M June
8/10 UT MILHAD	SIGNATURE
19	Address Cases Pky Date signed 8 77 45

Registrar Address

	os St., Baltimore	07766 Reg. Diat. No
PLACE OF DEATH: Beltimore	2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:
Fort Howard	State Maryland	County

(If ontside city or town limits, write RURAL and give nearest town) Baltimore

How long in above place of death? 62 Days (If outside city or town limits, write RURAL and give nearest town) 4419 Frederick Avenue

Hospital, Institution, or etreet address where death occurred:

Vets. Adm. Fac. Fort Howard, Maryland (If rural, give LOCATION)

62 Days How long in hospital or institution?..... 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number

JOHN D. FREY

216-05-4144 6.(a) Single, married, widowed, or divorced A Sor 5. Color or race MEDICAL CERTIFICATION

Married Male White 20. DATE DE DEATH August 24. 1945 21 5:40 Am

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of haskard of wife Sonhia Frey June 23, 19 45 to August 24, 19 45

and that I last saw h im alive on August 24. 1945 7. Rirth date of deceased (mo., day, yr.) Immediate cause of death....

If less than one day 8. AGE: Myocarditis

9. Birthplace Baltimore, Maryland Generalized Arteriosclerosis (Town, county, and state) Retired pupe letter.

11. Industry or business Junther Other conditions Decubitus ulcer of back & 12 Name George H. Frey

right heel, Senility
(Include pregnancy within 8 months of death) 13. Birthplace Baltimore Co., Md. 14. Maiden name Mary Butler Major findings of operations. Amputation of left leg.

Baltimore Co., Md. 15. Birthplace Gangrene left foot Date of on 7-2-45 Autopsy results No autopsy 16 Interment Clinical Records, Vets. Adm. Fac.

PHYSICIAN: Please underline the cause to which death should be charged statistically. Ft. Howard, Maryland Address

22. VIOLENCE: It death was due to external causes, fill in the following: Accident, eulcide, or homicide.....

Where did injury occur? (City or town) Injured at home, tarm, Industry, public place (where?)

LT. COL. MMCQ . OBEN

Means of Injury

Injured at work?

Address Ft. Howard, Maryland Date signed 8-24-45 Registrar

item of i

WITH UNF important.

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

07767

Address Fort Howard, Md. Date signed 8/27/45

	ATE OF DEATH Per Dist No.
	Neg. Dist. Notalianianianianianianianianianianianianiani
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	Manual and
(If outside city or town limits, write RURAL and give nearest town)	3001 W- Ienvole St-
low long in above place of death? 29 days. Jospital, institution, or street address where death occupied.	City or town 3001 We Lanvale Ste
dospital, institution, or street address where death occupied.	Street No. Baltimore, Maryland
Veterans Administration Facility	(If rural, give LOCATION)
How long in hospital or institution? 29 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ERNEST FUNK	210-10-3366
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
	20. DATE OF DEATH August 27 19.45 at 12:45
6.(b) Name of husband or wife Ethel E. Funk	
7. Birth date of	July 29, 1945 19 to August 27 19 45
7. Birth date of deceased (mo., day, yr.) June 18, 1895	
8. AGE: Years Months Days If less than one day	Immediate cause of death
50 2 9hrs.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	— nemplegia
Birthplace Baltimore, Maryland (Town, county, and state)	Due to
10. Usual occupation. Grocer	
	Oue to
11. Industry or business	
12. Name	Other conditions Psychoneurosis, chronic
13. Birthplace Baltimore, Maryland	Neurasthenia (Include pregnancy within 3 months of death)
&	(Include pregnancy wretim o monoton of scarcing
14. Maiden name	Major fiadings of operations
	Oate of op.
16. Informant Clinical Records, Veterans Adminis-	Antopsy results
Address tration, Fort Howard, Maryland	
17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following;
	Accident, suicide, or homicide
Cemetery or crematory Oaklawn Cemetery	The state of the s
Location Eastern Ave., Balto., Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Wm. J. Tickner & Sons	Marine of letters to best of the second of t
Address Pepnsylvania & North Aves. Balto. Md	A / 1-11-
8/28 CT Queffeent	23 SIGNATURE BALTER, LT. COL. CLINICALM DIRECTOR

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. Housewife 10. Usual occupation..... 11. industry or business George Marble Union Bridge, Md. important. 13. Birthplace 14. Malden name Mary Weltey Empitsburg. Md. 15. Birthplace Christopher Gebhardt PLAINLY, is especially 2916 E. Madison Street Burial (Burial, cremation, or removal, Which?) Cemetery or comments, Holy Redeemer Cemetery Belair Rd. Baltimore. Md. Charles E. Schimunek 18. Funeral director 2601 E. Madison Street

1. PLACE OF DEATH

How long in above place of death?..... Hospital, institution, or street address where death occurr

> Helen F. 5. Color or race

Baltimore, Md.

(Town, county, and

6.(b) Name of husband or XX Christopher

deceased (mo., day, yr.) December 28.

6.(a)Sing

How long in hospital or institution?.....

3. (a) FULL NAME

8. AGE:

51 yrs.

2411 N. Charl	es St., Baltimore 30	0 • • • • •
CERTIFICAT	TE OF DEATH	Reg. Dist. No. 37
RURAL and give nearest town)	Street No. 2916 E. Madiso	County Balto. County Balto. Limits, write RURAL and give nearest town) On Street give LOCATION)
gel.	handt	3. (b) Social Security Number
le, married, widowed, or divofces Cebhardt (c) If alive, give egeyears 1893 If less than one day hrsmin.	20. DATE DF DEATH	of lung,
	Carcingma Seh	to dreast 3 year

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

tnlured at home, farm, Industry, public place (where?) Meens of injury

Where did injury occur?

Accident, suicide, or homicide.....

Major findings of operations.....

(City or town)

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-8

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Developing infants give residence of mother)
Couply Day Tank and Co	State Couply Fully worl
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give newfest town)
2606 Thursday 1000	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
1 Stations	uman lone
5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mil Married	20. DATE OF DEATH. 479, 2/ 19.45 21 5.244 M
B.(b) Name of husband or wife Dotting Jurinian	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8-15 19 45, 10 8-20- 19 45
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. i.m. allve on 8-20-19.44.
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
6-3 10 7 ghrsmin.	Cerebras Ihrombosi's 10 days
9. Birthplace Dilman Siloware	Bueto Generalised arterio- ?
(Town, county, and state)	Sclerosis
10. Usual occupation Alland Aft Houses	Due fo
11. Industry or business	
12. Name / AMIN COMMISSION 13. Birthplace	Other conditions Parkinson's Disease 2 years
	(Include pregnancy within 3 months of death)
14. Malden name the she sulver	Major findings of operations
\$ 15. Birthplace	Date of op.
16. Informant	Autopsy results.
Address 2616 Hundry load	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Sunal A Date thereof 8/23/45	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlai, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cremetory X	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury injured at work?
Address 1219 A Faul of	Milhon C. LAULA M.D
" (long 221) . Hot Websile	23. SIGNATURE M. D. or other
(Data ret'd by registrar) Registrar	Address 2/17 / Delaw Rel Date signed 8-2/-43

MARYLAND STATE DEPARTMENT OF HEALTH



07770

A TIME A PROPERTY (TANKET)	
TIFICATE OF DEATH	Reg. Dist. No.
ATT IN. CHARLES St., Dartimore (13)	

			CERTIFICAT	E OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			vland URAL and give nearest town)	State Maryland County Baltimore		
				City or town Sparrows Po	int, Md.	
How long in above place of deal Hospital, Institution, or street	address where	death occurred	•	Street No. Bx, 369. Rt. 10		
			rd, Maryland	(If rural, give l	LOCATION)	
Now long in hospital or testitu	ition?		***************************************	2.(a) ti veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
WILL	IAM GOR	ITSAS				
4. Sex 5. Co	olor or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	W	idowed		945 19 et4:10 A.M	
6.(b) Name of husband or wife	Wido	wed	,,,,,,,	21. I CERTIFY that death occurred on the date above	re stated: that I attended deceased from	
		6.00	r) If alive, give ageyears	April 19, 19.	45 to August 3, 1945	
7. Birth date of	4-13-9	5	,		ust 3, 1945	
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	tension and	
50	3	19	hrsmin.	coronary arterioscler		
9. BirthplaceGree	C.O(Town,			/Mode/enlargement, mitral myocardial insufficien	l insufficiency ncy 4 mos.	
11. Industry or business	Definition that for other consider	.5454AMA4. <u>h</u> 4	Not also a William bulk bulk of a constraint of the second	Due to		
E 12. Name Pete G	oritsas		***************************************	Other conditions Nephroscleros	i.s	
12. Name Pete G	e			Bronchopneumonia, term (Include pregnancy within 3 m		
		ritsas				
	eece			Major findings of operations		
		3	77 1 4 3 19			
	ical Ke		Vets. Adm. Fac. ryland	Antopsy results	ich death should be charged statistically.	
			. 8-7-45	22. VIOLENCE: If death was due to external cau-		
Burial (Burial, cremation, or re	moval. Which?) Date ther	eof	Accident, suicide, or homicide		
Cemetery or crematory	Cedar	Hill	lemetery	Where did injury occur?(City or town)	(County) (State)	
Location	Baltin	nore, M	aryland	Injured at home, farm, Industry, public place (wh	nere?)	
18. Funeral director		Oder		Means of injury	injured at work?	
Address			ad., Balto., Md.	(MANN	Salter	
19. (Date rec'd by registrar	19 4 J		Duff Slick Registrar	Rue A.M. BALTER, LT Address Ft. Howard, Md.	COL., M.M.D. or other. DIR. Date signed 8-3-45	

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

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TLM	2.1	0	0	7	0		D	6	1945
TLA	IYU,	UT.	J		0	L		0	1343

CERTIFICATE OF DEATH

na Dia Na

TILM 110, CI J JLI	CERTIFICA	Reg. Diat. No.			
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	+ Howard				
	t Howard n limits, write RURAL and give nearest town)	Selisbury			
How long in above place of death?	8 Days				
Hospital, Institution, or street address who Vets. Adm. Fac. Fo	ort Howard, Maryland	Street No. R.F.D. #1 Salisbury, Md.			
How long in hospital or institution?		(If rural, give LOCATION) WW → I 2.(a) If veteran, name war.			
3. (a) FULL NAME					
* *	INNIE F. GRAHAM	3. (b) Social Security Number			
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White	Married	20. DATE DF DEATH August 22, 1945 .6:55 P.			
6.(b) Name of hysband br/wite Sar	ah Emily Graham	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from			
		August 4, 19 45 to August 22, 19 45			
7. Birth dale of deceased (mo., day, yr.) Novemi	10 1006	and that I last saw h im after on August 22, 1945			
8. AGE: Years Months	Days If less than one day	Immediate cause of death Disease of the Heart DURATION			
o. Ada.	8-4m	Cause: Hypertension & Coronary 2 Yrs.			
9. Birthpiace Mardelia Spi	ings, Md.	<pre>maxxment; Myocardial damage, Manif: Myocardial insufficiency; Agginal</pre>			
	ator	syndrame.			
11. Industry or business					
		Dither conditions Anemia, secondary, Unknown			
E 12. Name Sam Graham E 13. Birthplace Marylan					
# 14 12 D	nglish	(Include pregnancy within 3 months of death)			
14. Maiden name Martha Pi S 15. Birthplace Marylan		Major findings of operations			
		Oate of op.			
16. Interment Clinical Rec	cords, Vets. Adm. Fac.	Autopsy results			
Address POPC HOWATE	Baryland	22. VIOLENCE: If death was due to external causes, till in the following;			
17Burial (Burial, cremation, or removal. Whice	Daie thereof (month) (day) (year)	Accident, suicide, or homicide			
	(month) (day) (year)				
	Councy 9	Where did injury occur? (City or town) (County) (State)			
	oint, Md.				
18. Funeral director. Hollo	oway Co.	Means of Injury Injured al work?			
Address Salis	sbury, Md.	- annoyaller			
8174	IT ans Sal-	A.M. BALTER, LT.COL., M.C.MOLTMODIR.			
19. (Date red d by registrar)	Registr	ar Address Ft. Howard, Md. Date signed 8-23-45			

07772 8

2411 N. Charles St., Baltimore

			CERTIFICA	TE OF DEATH Reg. Diat. No	P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
City or lown(Yi How long in above pla Hospital, institution, Vets. Adm How long in hospital	Fort coutside city or tow se of death? 22 or street address white Face Fo or institution? 22	Howard In limits, write B Days Interested the death occurrence The Howa	RURAL and give nearest town) ed: rd, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3. (a) FULL NAM		DAWKIN	S GRIFFISS	3. (b) Social Security 1	Number /		
4. Sex Male	5. Color or race White	6.(a)Sing	tle, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 25. 145			
6.(b) Name of bushad	, yr.) Jamus		(c) If alive, give age	Immediate cause of death	5. 19.45		
01 11021	78 7	2.1	hrsmin.	Cerebral Hemorrhage with left hemiplegia	1 month		
1D. Usual occupation	Retired	Govt.	d. state) Service	Due to	Unknown		
12. Naril OSC 13. Birthplace	ph Griffi Maryland	.55		(Include precuency within 2 months of death)			
1	Anna Dor Maryland	sey					
16, Informant Cl.			lets. Adm. Fac.	Antopsy results			
	urial		8/28/45 (month) (day) (year)	22, VIOLENCE; If death was due to external causes, fill in the following; Accident, suicide, or homicide			
11		_	Cem.	Where did injury occur? (City or town) (County)			
			Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?			
Address	Balto.,	Md.	& SONS	LOU amos Oto	TAKE THE		
19. (Date lee'd hy i	19 19 19	بر ر	Registrar	A. M. BALTER, LT. COL., M. W.D. Gdether DIR.			

information carefully. The correct age of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of

MARGIN RESERVED FOR BINDING

_			11	1	()	
Reg.	Dist.	No.			*******	

07773

	arles St., Baltimore
	ATE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County Ballemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
City or town Matel Cliff Was Towson (If outside city or footn limits, write RURAL and give nearest town)	State MS county Balleware City or town Mobile Cliff was Toros on
How long in above place of death?	(If outside city of fown limits, write RURAL and give nearest town) Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Sister Mary Rogata Gross 4. Sex 5. Color or race 6. (a) Single Sharried, widowed, or divorced	3. (b) Social Security Number
	MEDICAL CERTIFICATION
Female White Lugle	20. DATE DE DEATH. A LIQUAL 14 19. 75 at 12:05 f
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jay 6, 1868	and that I last saw h. e.aalive on
8. AGE: Years Months Days If less than one day 7 7 8hrshrs.	Immediatu cause of death
9. Birthplace Rein felds Germany (Town, county, and state)	Due to.
10. Usual occupation	Due to.
11. Industry or business	
12. Name Jacob Grass 13. Birthplace Germany	
14. Maiden name Sussaura Reiman 15. Birthplace Germany	(Include pregnancy within 3 months of death) Majur findings of uperations.
	Date of op.
1B. Informant 8x. Mary Clara Address Moth Cliff Md	Autopsy results
Address Notels Cliff, 7d 17 Busine Bate thereof City 16/45 (Burial, eremation, or remoyal, Which?) (Burial, eremation, or remoyal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
Location Glew Orn	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Les M. Frier How	Means of Injury Injured at work?
Address 811 Note offe my	pallo mt/mmult
19. 8/15/45 19 JUHumm	3. SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

SEP 5 1945 BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Rea)

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	(For newborn infants give residence of mother)
G and D	State Maryland County Ballemal
City or town	12: 1-100
How long in above place of death? 2 mo · 19 da	(If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(it outside city of town limits, writs KOKAL and give nearest town)
Baltimore Crenty Home	Street No.
13 Mary County 197	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	1 3. (b) Social Security Number
Margarel Hack	hett -
4. Sex 5. Color or race 6 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored widowed	20. DATE OF DEATH Quart 16 19 45 21 8 3 P. W
Pohet the bott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Control Backett	Mad 29 1945-10 aug 16 1945
7. Birth date of 2 1863	and that I last saw halive on
accessed (mori assistan	Immediate cause of death
8. AGE: Years Months Days If less than one day	Caremona Gartrie 3mo.
82 2 25 hrs. min.	
9. Birthplace Calvert Co., Maryland.	Due to
(Town, county, and state)	
1D. Usual occupation.	
	Due to
11. Industry or business	
12. Name Jhomse Corre	Other conditions A rachel Haraly parent
12. Name Cook 13. Birthplace Maryland	
	(Include pregnancy within 8 months of death)
14. Malden name. esselve Harvard 15. Birthplace Maryland	
The A	Major findings of operations.
	Date of op.
16. Informant Belto. Co. I Home Register	Autopsy results
70/6.2 22.000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Llefas, maryland.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial part James Oug 18 19 K	
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide. Accident. Date of
Page 700	Where did injury occur?
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Lovely md.	Injured at home, farm, Industry, public place (where?)
	Means of Injury Occidental falls Injured at work?
18: Funeral director A and Neveacon	man or minery
Address Ukker Falls md.	011 8 = 10
Address apper Talle ma	& SIGNATURE Vrimer (O. Dunn M. I)
a a la use averal !!	M. D. or other
(Date rec's by registrar) (Date rec's by registrar)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Date recomb refractat)	11 AUGUSS SIGNED SI

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CLIVIIIICA	Reg. Dist. No.
1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infogris give residence of mother)
City or town Turnel (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town lights, write RUEAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 20 6 Courtes Lane (If tural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marin 9. Harcum	213-14-0423
4. Sex 5. Golden or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Col m	20. BATE OF BEATH August 22 19.45 at 7 8 M
6.(b) Name of husband or wife. Hanne	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	august 23, 1943 10 Hugust 33, 1971
7. Birth date of deceased (mo., day, yr.) 1/2 8-/1896	and that I ast saw h alive on obligation Thromboan DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
4 9hrsmin.	<
Va	Empelus from At. Inguenal) Service
9. Birthplace	BBE 10
10. Usual occupation Laborer	Bue to
11, Industry or business	4
12. Name John Harcum	Other conditions Pight Stronger Tellinguis of James
	(Include pregnancy within 3 months of death)
14. Malden nameland	Major findings of operations
\$ 15. Birthplace /a '	Date of op.
16. Informant Mannue Harcum	Autorsy results
Address 20 6 luras Jane - Jumers St.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial cremation or removal, Which?) Bate thereof. 6 2 6 45 (Burial cremation or removal, Which?)	Accident, suicide, or homicide
a. V. Leal	Where did injury occur?
Cemetery or cremators Communication Communic	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location Help and	Means of Injury Injured at work?
18. Funeral director	in:
Address/3030 resslinan of	23. SIGNATURE OF CHARACTER OF M. D. or other
19. (Date rec' d'oy registrar) (Date rec' d'oy registrar) (Date rec' d'oy registrar) (Date rec' d'oy registrar)	Address 140 Oaklan Sundel as me Date signed 8 32 45

07776

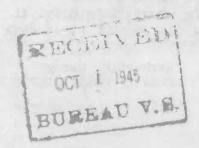
CERTIFICATE OF DEATH

t age		IE OF DEATH Reg. Dist. No. 30
information carefully. The correct ag of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince George City or town (If outside city or town limits, write RURAL and give nearest town) Sirect No. (If rural, give LOCATION) 2.(a) If veteran, name war.
ormat	3.(a) FULL NAME Herbert M. Hardy	3. (b) Social Security Number
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. August 31 1945 21 1:40 D M
Supply every item ease write the caus	6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 19.45 to August 31 19.45
ADING INK. Supp Physicians: please	82 ? ? hrs. min. 9. Birthplace	Due to Acute was estation Due to Acute was established in the Due to Acute was established in the Due to Acute was established in the
WITH UNFAD	Thomas Benjamin Hardy 12. Name Thomas Benjamin Hardy 13. Birihplace Maryland Elizabeth Swann 14. Malden name Elizabeth Swann 15. Birihplace Maryland	Other conditions Conouncy Sclerous 4.8 (Include pregnancy within 8 months of death) Major findings of operations.
cainly, Wiespecially in	16. Informant Hospital records Address Catonsville, Balto.—28, Md. 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Autopsy results. As above PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Daie of
PLEASE WRITE PLAINLY, is especially	Cemetery or crematory 1 Location 2 18. Funeral director 2 Address 3 Addre	Where did injury occur?
PL	19. (Date rec'd by registrar) (Date rec'd by registrar)	Robt. E. Gardner, M.D. M.D. or other Catonsville-28, Md. Date signed 8/31/45

FOR BINDING

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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

			TE OF DEATH	() 7777 Reg. Diat. No	***************************************
How long in above pla Hospital, institution, Rosewoo How tong in hospital	Baltimor Owings Mi. Coutside city or town lim ce of death? 17. or street address where do d State Too or Institution?	ce. Ils, Md. Its, write RURAL and give nearest town) yr 5mo 20da ath occurred: raining School 17yr 5mo 20da	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State	Baltimor Ils write RURAL and give nes T.S. LOCATION)	arest town)
3. (a) FULL NAM	Harr:	ls, William Lloyd		3. (b) Social Security	Number
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CE August	RTIFICATION 45	2 A
	yr.) Ju	None years 1 1919 Oays 1 If less than one day	21. I CERTIFY that death occurred on the date above January 18 and that I last saw h im alive on A A Immediate cause of death	45 Mugust ugust 22	23 19 45 19 45 OURATION
2	26 1	12min.	Myocardial insu during epilepti Due to Status epile	c seizure)	***************************************
	In	ton, N. Carolina mate	Epilepsy, gra (symptomati	nd mal,	25 yr
12. Name Son	ud Danie	Harris yland	Other conditions Microceph Quadriple (Include pregnancy within 3 m	aly	•
14. Maiden name	Nor	A. Kinnon th Carolina	(Include pregnancy within 3 m		
18. Informant Mr. & Mrs Daniel Harris Address 2715 Overland Ave., Balto., Md.		Autopsy results			
		22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	-	•••••••	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and low by

MARGIN RESERVED FOR BINDING

VS A15

Means of injury

Injured at work?

M. D. or other

Address Rosewood S.T.S.

Injured at home, farm, industry, public place (where?) ...

(City or town)

	MARYLAND STATE DE
	2411 N. Charl CERTIFICAT
2. U	1. PLACE OF DEATH:
State	City or town
City of	How long in above place of death?
2.(a)	How long in hospital or institution?
1,	3. (a) FULL NAME Marie Rudisill +
as	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced
20. DA	6.(b) Name of husband or wife E. E. moxy Haslett
and th	7. Birth date o1
Imme	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day
	/2 3 /2hrsmin.
Due to	9. Birthplace (Town, county, and state) 10. Usual occupation (Town, County, and State)
Due to	11. industry or business Own home.
Other	12. Name homas McCann. 13. Birthplace Md.
Major	14. Maiden name/Nary Caroline Simms.
Autop	= 15. Birthplace // d. 16. Informant = = = = = = = = = = = = = = = = = = =
22. VI	Address Freeland, Md. R.D.
Accide	(Burial, cremation, or removal, Which?) Date thereol Lug U. St 24/94. (nonth) (day) (year)
Injured	Commetery of commeters of M.C. S. T.O.V.C. U. D.S. Location
Maans	(1/1, 40/1)

M. D. or other

07778

CERTIFICA	FE OF DEATH Reg. Dist. No35
1. PLACE OF DEATH: County Balting	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State Mary Land. County Baltimore.
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town City or town limits, write RURAL and give nearest town) Street No. South And Free and
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) 1 veteran, name war
3.(a) FULL NAME Mamie Rudisill	435/eH. 3. (b) Social Security Number
Fezuale White Married.	MEDICAL CERTIFICATION 20. DATE DF OFATH. August 25, 18 45 at 2'05 A
6.(b) Name of husband or wife E. E. M.O.Y.Y. H.J.S. e. H	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death alive on Cluquet 25 1945 Immediate cause of death DURATION /21994
9. Birthplace Naxxisvi / e Md (Town, county, and state)	Due to.
10. Usual occupation fouse wife 11. industry or business Oun home.	Due to
12. Name I ho mas McConn.	Other conditions
14. Maiden name/Naxy Caxoline Simms. 15. Birthplace Md.	(Include pregnancy within 8 months of death) Major findings of operations Major findings of operations
16. Informant E E mary Itaslett.	Autopsy results. MANG
Address Freeland, Md. R.D. 17. Burjah Date thereo1 August 28/943	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Cemetery of cremation,	Where did Injury occur?
Location Lax K tom, Md, B.D.	Injured at home, farm, Industry, public place (where?)
to restrict the state state of a selection	manne et injer,

Registrar

23. SIGNATURE RULE Schalanoff

Addrew Sew Taledon,

PLEASE VS A15

19. Clare 45 (Date red by registrar)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /6402

CERTIFICATE OF DEATH

	07	77	9	
Reg. Dia	t. No	4	7	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	ms. Della.
City or town(If outside city or town limits, write RUKAL and give nearest town)	12 a - 60 B 01 C -
How long in above place of death?	City or town
Hospital, institution, or street address where doubt occurred:	Street No. 830400000000000000000000000000000000000
2204001000	3611 my sive cation)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Hendrickson	Xr.
4. Sex 5. Color or 160 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
male male married -	20, DATE OF DEATH. Clegal 19.45, et 90 M
Markage of Wendrickson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Hame of husband or wife	Que > 2 1945 10 Cer 22 165
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) ccg 10/19/7	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	III.
28 0 62nin.	Strangulating
9. Birthplace Houth Dend: Ind	Due to.
(Town, sounty, and state)	by honging.
10. Usual occupation	Due to.
11. Industry or business 120m M. Wall.	U. v
12. Name Harry Renduckson Jr.	Other conditions
13. Birthplace Indiana	
14. Maiden name. It are	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
20040 110 44	
0.00	Autopsy results
Address 706 S. Bayliss St.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
0 1	Where did Injury accur? Rosefalle Ballo: Ins.
Cemetery or crematery	(City or town) (County) (State)
Location Daylor Green	Injured at home, farm, industry, public place (where?)
18. Funeral director 4 5. Connelly	Means of Injury Annual Injured at work?
Address 4/8/6 astern are. Essex	(mulana and D. X
11-11 46-000	23. SIGHATURE M.D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Define Proceed again
(See the season)	Address

REGEIVED SEP 1 1945 BUREATT CERTIFICATE OF DEATH

07780

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH County City or town (If outside city or town limits, write RURAL NEAP and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State County City or town (If outside city or fown lights, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
3.(a) FULL NAME SISTER MARY HERMENIGILA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 2D. DATE DF DEATH MEDICAL CERTIFICATION 2D. DATE DF DEATH MEDICAL CERTIFICATION
6 (b) Name of husband or wife	Due to Other condition This - Ochrows 753
14. Maiden name Catherine Lynck . 15. Birthplace Willamer Steland 16. Informant _ Sir. Mary Clark	(Include pregnancy within 3 months of death) Major findings: Of operations Please underline the cause to whice death should be charged statistically.
Address 17. Build Cliff (Burlal, cremation, or removal, Which?) Cemetery or crematory Address Date thereof Cura, 25, 45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Gleu ann, Ind. 18. Funeral director Gle. M. Frick of Sour Address, The State of Source of Sourc	Injured at home, farm, Industry, public place (where?) Means o Injury Injured at work? 22. Sicharupe: M. D. or other
11.1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1501/1000000 0134/1

VS A15

RECEIVED SEP 5 1945 BUREAU V.S age

correct

VS A15

PLEASE WRITE PLAINLY, WITH UNRADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OERTH ICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Vancy Hill	3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
7. Birth date of deceased (mo., day, yr.) Oct 24- 1855 8. AGE: Years Months Days If less than one day 9	and that I last saw hold alive on 19 19 15 19 19 19 19 19 19 19 19 19 19 19 19 19
8. Birthplace (Toyrn, county, and state) 10. Usual occupation	Bue to Appertunian Instru
11. todustry or business 12. Name Charles Will 13. Birthplace Island	Other conditions Uniform
14. Maiden name Eliza Jane Mac Cullan 15. Birthplace Baltimore	(Iuclude pregnancy within 8 mouths of death) Major findings of operations
10. Informant 12/ Laubhlimer Address 52/ Jule ghany ave	Autopsy results
(Burial, cremation, or removal, Which) Cemetery or crematory Callinor (em)	Accident, suicido, or homicide
Location Ballo . Cook One	Injured at home, farm, industry, public place (where?) Means of injury Injured_at work?
Address 1217 St Baul St.	23. SIGNATURE Solling of Studion MA. D. or other
(Date rec'd by registrer) Registrar	Address Dursny Mil Bate signed Like At A

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MARYLAND STATE DEPARTMENT OF HEALTH

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	7	-	0	6	

111	N.	Charles	St.,	Baltimore	46.0
					A 20 Sec

CERTIFIC	AIL OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County	State Md. County Baltimore Woodlawn (If outside city or town limits, write RURAL and give nearest town) Street No. 3526 Meadowside Rd.s. (If rural, give LOCATION) 2.(a) II veteran, name war.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH August 9, 19 45 a7.30 PM		
6.(b) Name of bushand or wife	years 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. 19. 7. 10. 9. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
8. AGE: Years Months Days II less than one dayhrs.			
9. Birthplace Henderson Ky. (Town, coonty, and state) 10. Usual occupation Doctor of Medicine 11. Industry or business 12. Name Wyatt H. Ingram 13. Birthplace Ky. 14. Malden same Catherine Milton 15. Birthplace Ky.	Due to		
Mrs. Margaret I Mansfield Address 3526 Meadowside Rd. 17. Burial Oate thereol (Month) (day) (year) Cemetery or crematory Woodlawn Location Woodlawn Md. 18. Funerat director William J. Tickner & sons Address North & Pa. Aves.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, will in the following; Accident, suicide, or homicide		

Dr. Heney Russell 3902 Groveland Ave. 1. PLACE OF DEATH.

How long in above place of death?....

How long in hospital or institution? 3. (a) FULL NAME

6.(b) Name of husband or wife

7. Birth date of man

Years

9. Birthpiace Mary

mi, cremation, or removal. Which]

(Date rec'd by registrar)

deceased (mo., day, yr.)

1D. Usual occupation. 11. Industry or business

13. Birthplace

14. Maiden na 15. Birthpiace 14. Maiden nar

8. AGE:

4. Sex

Hospital, Institution, or street address where deat occurred:

(If outside city or town times, write RUICAL and give (carest town)

5-1945

(Town, county, and state)

Months

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	L OI BLAIII	Reg. Dist. No.
te RUKAL and give dearest town) urred:	City or town (tf outside city o) town limits,	write RURAL and give hearest town)
red Jackson		3. (b) Social Security Number
Single, marked, widowed, or divorced	MEDICAL CE	RTIFICATION
. £ (c) If alive, give ageyears	21. I CERIFY that death occurred on the date above 19. and that I last say h. 2001. allvo n. Immediate cause of seath.	10 aug 30 1944
ind state)	Due to	
Maryland Tomark	Other conditions	onths of death)
VA. Edgemen Mitthereot 9. 145- (month) (day) (year)	Autopsy results	es, fill in the following;
Luary	Where did injury occur?(City or town) Injured at home, farm, iodustry, public piace (wha	(County) (State)
Oanders Ston St AW Hedrick Registrar	23. SIGNATURE Address Address	Injured at work? M.D. or other Sun Good 72 Mu

PLEASE WRITE

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	Mamaland		
City or town	State County County		
How long in above place of death? 7 days	City or town. Baltimore (If ontside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	4500 Garden Drive		
Spring Grove State Hospital	Street No. 1500 Galden Bilve (If rural, give LOCATION)		
How long in hospital or institution? 7 days	2.(a) tf veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	WEDLOW CEDTURION		
	MEDICAL CERTIFICATION		
f w widowed	2D. DATE OF DEATH August 31, 1945 et 11:504		
6.(b) Name of husband or wife			
7. Birth date of 1885 ?	end that I last saw h. er alive on Aug. 31. 19. 45		
geceased (mo., day, fi.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cerebral thrombosis 4 days		
60 ? 3 ?hrsm	<u>in.</u>		
9. Birthplace	Due to Chronic arteriosclerotic Indef.		
(10wh, councy, and seate)	vascular disease		
10. Usual occupation housewife	Due to.		
11. Industry or business own home			
Israel Levin	Other conditions		
13. Birthplace Russia			
E. 13. Bitmplace	(Incinde pregnancy within 3 months of death)		
14. Malden name Lena ?	Major findings of operations.		
15. 8irthplace Russia	Date of op		
16 informant Hospital records	Antopsy results. DO		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Catonsville, Balto -28, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date the cof	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location	Injured at home, farm, Industry, public place (where?)		
bash ours me	Meens of Injury Injured at work?		
18. Funeral director	WIND HELT CO.		
Address 190 6. 2011. 700	23. SIGNATURE Laber & Farduer Ken		
9/1 115 21. C. Market 11	Chart E. Gardner M D. M. D. or other		
(Date rec'd by registrar)	Address Baltimore - 28, Md. Date signed 8/31/45		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE A15 NS

OCT 1 1945
BUREAU V. S.

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

	Reg. Diat. No	2 0 0 0 0 1 0 0 00
1. PLACE OF DEATH: County Baltimore City or town. Towson / Maryland (If outside city or town limits, write PRAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	
How long in hospital or institution Luce June 22 1945	(If rural, give LOCATION) 2.(a) If veleran, name war.	*********
3. (a) FULL NAME Clirabeth Kell	3. (b) Social Security Number 216-24-67	29
4. Sex 5. Color or signe 6.(a) Single, married, widowed, or divorced House Maried Maried	MEDICAL CERTIFICATION 20. DATE OF DEATH. QUELY ST. 31-83. 1	15 G
6.(b) Name of husband or wife Williams Telf	21. ICERTIFY that death occurred of the date above stated; that I atlended deceased from	914.5
7. Birth date of deceased (mo., day, yr.) Racol 29, 1904	and that I last saw bela alive on august 12 19	1
8. AGE: Years Months Bays If less than one day H	fulresuna y laber luckery	CCL
8. Stripplace	Due to.	Belg.
10. Usual occupation. Auch Clarific Strain S	Due to.	411
12. Name Denny Mency Mel	Diher conditions	
14. Maiden name Serapetty MARSHALL.	(Include pregnancy within 3 months of death) Major findings of operations.	
Personal History Hospital Records	Autopsy results. Autops	
Address Eudowood Sanatorium Towson 4 Md. 17. 13 4 R 1 A L (Burlal, cremation, or removal. Which?) Bate thereof. A U C L - 43 (month) (day) (year)	VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory WESTERN CEM	Where did injury occur?	
Location JAhto 1911 18. Funeral director Bernard & Harle	Injured at home, farm, Industry, public place (where?)	• • • • • • • • • • • • • • • • • • • •
Address 121 & WEST ST	23. SIGNATURE William a Bridges	
19. (Date pe'd by registrar) Registrar	Towson & Maryland Date signed 5	?-4

VS A15

PLEASE WRITE PLAINLY, WITH UNFAMINA is especially important. Physic

correctage

JANK. Supply every item of information carefully. The cans: please write the causes of death clearly and legibly

WITH UNFABILIE INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	_	_	-		
(920)		1/11	7	S.	

CERTIFICATE OF DEATH

Reg. Dist. No.

County				Streef No. 5543 Oregon Ave. (If rural, give LOCATION)		
3. (a) FULL NAM	E	Aug	usta C. Kennedy	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Widowed	20, DATE DF DEATH. August 1 1945 31 11.05P		
8.(b) Name of husband or wife Daniel E. Kennedy 7. Birth date of deceased (mo., day, yr.) February 8, 1863				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 65 and that I last saw h. ET. alive on		
8. AGE: Year		Days 23	If less than one day	Immediate cause of death Orto Claration DURATION		
10. Usual occupation. 11. Industry or busine 12. Name	None William H. Frederic	Stier	ty, Md.	Due to		
	Frederi Lawrence			Major findings of operations		
17	Saltin Milli 510 Liberty	Date there	d. Aug. 4, 1945 (month) (day) (year) d. ts Ave.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		

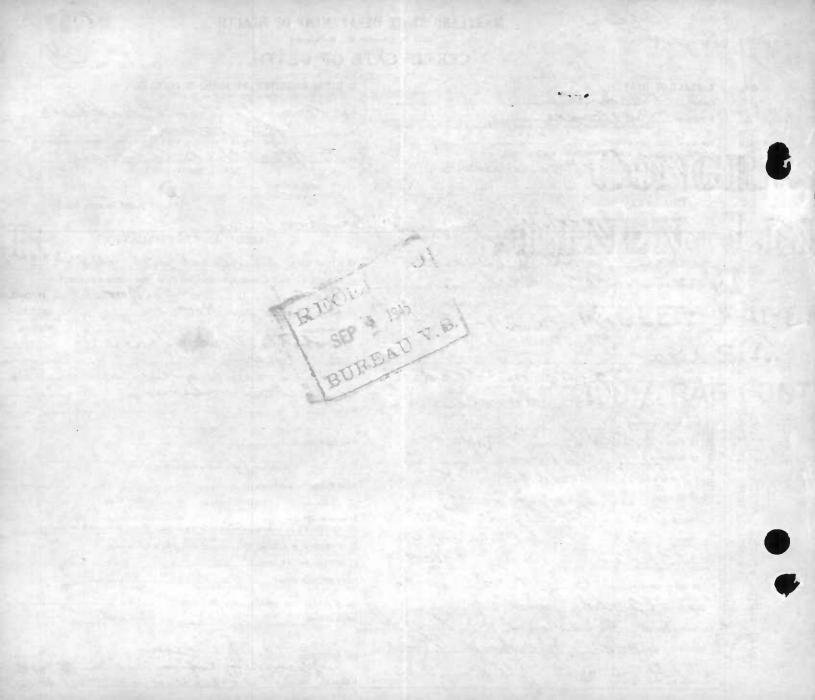
Taylor live.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 78.0

CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Tarksille	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
Cily or town	State Drangfand County I cakewille
How long to above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 780 4 Colored
1804 Chak Chemical How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If reteran, came was
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale white widow	20. DATE OF DEATH
6.(c) If alive, give age	Nove 9 1 1943 10 Mor 24 1943
7. Birth dale of deceased (mo., day, yr.) Mow, 29-1854	and that I last saw h 22 alive on 1943
8. AGE: Years Months Days If less than one dayhrs.	Brotella acid Cardina Jant
8. Birthplace Dalttman Md. (Town, county, and state)	Due to Co. Land ming Transport and States Una Dans
10. Usual occupation.	Bue lo.
11. Industry or business 12. Name	Cther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name X A A A A A A A A A A A A A A A A A A	Major findings of operations.
16. Informant Mrs. Cathegiail Week	Antopsy results
Address 780 H Cafe avenue	22. VIOLENCE: If death was due to external caoses, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory Location Location	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
Address 5305 Harfiel Took	23. SIGNATURE Q: M. Bason
19. 8 25 (Date rec'd by registrar) 19 45 (Gettle Registrar)	appeared by Rollin Hud Min D. M. C.

VS A15



PLEASE

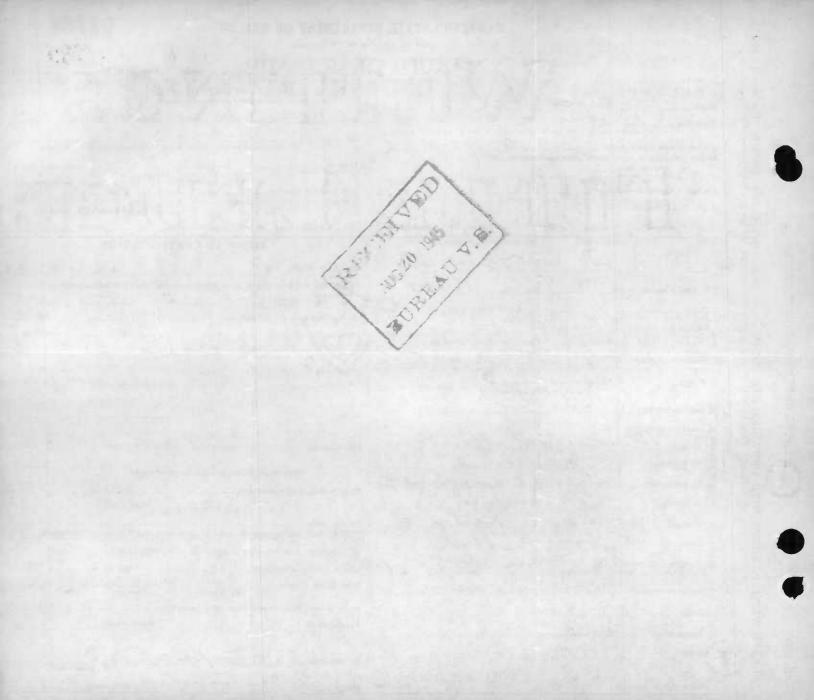
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state maryland county Balto
City or town	
How long in above place of dealh?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME Charles & King	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W manued	20. DATE OF DEATH. 200 18 19.465 at 14 A. I
6.(b) Name of bushood or wife M - Ella King	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
cd/s	# 12-14 19 4 4 10 8 18 19 45
7. Birth date of	and that I last saw hardelive on 8-10 1945
deceased (mo., day, yr.) March 21-1870	Immediate cause of death
8. AGE: Years Months Days If less than one day 25 4 27	nin. anguin Cecturio 8 mo
9. Birthplace many land	Due to
(Town/county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Hiederick King 13. Birthplace Mary Earl	Other conditions Organization Reviews 20 yrs-
E Cotte an'l a Minches	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Kinshuer 15. Birthplace Mary Cared	Major findings of operations.
E 15. Birthplace / Mary Cours	Date of op.
16, Informant Mis Chas & King	Antopsy results
Address Boring Med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 . O Dean role	22. VIOLENCE: If death was due to external causes, fill in the following:
(Borial, cremation, or removal, Which?) Dife thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pleasens Silvers	Where did injury occur?
Location Bull to Med	Injured at home, farm, industry, public place (where?)
18. Funeral director & Sco a Tiplo	Means of Injury Injured at work?
Address Hampstead Ma	1 8. 8. Earles . M. D.
1 c 12 / mass 25P:	23. SIGNATURE M. D. or other
19. S - 18 19 45 Mary Class (Date rec'd by registrar) Registr	Address Reveterstour, Md. Date signed 8-18-14



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()7780 Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltiman	" D. A D. T. ~ A
City or town	
How long in above place of death? Throuthe 27 da	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No.
Betimoe County Home	(If rural, give LOCATION)
How long in hospital or institution? Thenthe 2 2 ac.	2.(a) If veleran, name war.
3. (a) FULL NAME Francis Coats	Kirkersod 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH august 27 19 45, at 1 h.
mas a Hoenstil	A. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife MA anne HoenKirk	Dec 2-9 1944, 10 Que 27 1943
7. Birth date of	ars and that I last saw h. Long
deceased (mo., day, yr.) Man. 25, 186/	Immediate cause pf death
8. AGE: Years Months Days If less than one day	Cerebral Nemonhage 2 day
84 5 2hrs.	
9. Birthplace Belfast Deeland	Due la Carterio a elevorio
(Lotte) county and starty	
1D. Usual occupation. Clarke	Que to.
11. Industry or business	
# 12. Name William J. Kirkewood	Differ conditions Sensitive
12. Name William J. Kiskerood 13. Birthplace Oreland	
	(Include pregnancy within 3 months of death)
14. Maiden name ? armstrong 15. Birthplace Preland.	Major findings of aperations.
El 15. Birthplace	
18. Informant Carl Buchettag	Autopsy results
Address Glenarm, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burish Bate thereof and 29 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Kingskhille Md.	Injured at home, farm, industry, public place (where?)
01 8 O. + R.	Means of Injury Injured at work?
18. Funeral director	11'1 9 7
Address Fork, Md.	22 SIGNATURE Prilmer O. Ouroth. D
. and 27 when I was I had corn	M. D. or other
(Date reck) by registrar) Registr	er Address Course Overla Ma Bate signed 8727/4



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 992 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?.... Hospital, Institution, or street address where death occurred: Glendale (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING White Female Married 20. DATE OF DEATH 6.(b) Hame of husband or wife George C. Knobe 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 45 to aug. 23 19. deceased (mo., day, yr.) 8. AGE: MARGIN RESERVED 69 home 10. Usual occupation. 11. industry or business 12. Name Fre WITH UNF important. 13. Birthplace (include pregnancy within 3 months of death) HLOW 14. Malden nat 7m5/44 Major findings of operations..... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide...... Where did injury occur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? PLEASE 23. SIGNATURE It as old a gra S .. Date signed



2411 N. Charles St., Baltimore

TOT	ILIC.	ATT	OF	DEATH	
.F.B.		4	VIC	DEATE	



Pu mul

1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n		
City or town. Mount Wilson, Maryla: (If outside city or town limits, write RURAL an How long in above place of death? O. Yrs., 3-mos. Hospital, institution, or street address where death occurred: Mt. Branch, Md. Tuberculosis Sa: How long in hospitat or institution? O. Yrs., 3 mos.	nd dy nearest town) 6 days. Wilson natorium	State	write RURAL and give nee Avenue LOCATION)	arest town)
3.(a) FULL NAME James F. Langa:	n		3. (b) Social Security # Unknown	
Male S. Color or race G.(a)Single, married, White Widow	Control of the second	MEDICAL CE	RTIFICATION	
6.(b) Name of husband or wife	give ageyears	21.1 CERTIFY that death occurred on the date above	e stated; that I attended dece 5, to August	31, 19. 45.
8. AGE: Years Months Days If less	02 thao one day hrsmin,	Immediate cause of death Pulmonary Tuber	culosis	DURATION 10 Mos.
9. Strthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Bank Teller		Due to Tubercle Bacill	1	***************************************
11. Industry or business 12. Wame. Michael F. Langan 13. Sirthplace Baltimore, Maryla:	nd	Other conditions Diabetes Mel	litus	7 Yrs.
14. Malden name. Anna Cunningham. 15. Birthptace Baltimore, Maryl.	***************************************	Major findings of operations. No ope	ration Date of op.	0.000.000000000000000000000000000000000
18. tnformant James F. Langan Address 4128 Fairview Ave., B	alto., Md.	Antopsy results. No autops PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
17. Burial Date thereof Se (Burial, cremation, or removal. Which?) Cemetery or crematory. Cathedral		22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
Location 4300 Old Frederick R 18. Funeral director Chas. F. Evans &	Son	Meaos of Injury	injured at work?	
Address 118 W. Mt. Royal Ave. 19. 8/31/45 1945 Each (Date ree'd by registrar)	1 - 1 - 1 - 1	35 4 1012 7	Md. Bate signed	

VS A15

MARGIN RESERVED FOR BINDING

. Supply every item of information carefully. The correct age please write the causes of death—them subly

CONTRACT TO STATE OF COLUMN ASSESSMENT ASSES



MARYLAND STATE DEPARTMENT OF HEALTH

				TE OF DEATH	
	• •		CERTIFICA	Reg. Dist. No	2
1. PLACE OF DE	ATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
· · · · · · · · · · · · · · · · · · ·		е	***************************************	State Maryland County Baltimore	
(If o	utside city or town	imits, write l	RURAL and give nearest town)	CHy or fown Catonsville (If outside city or town limits, write RURAL and give neares	
How long in above place Hospital, Institution, or	of death?	death accurre			
				Street No. 12 Bell Grove Rd. (If rural, give LOCATION)	**************
				2.(a) If veteran, name war	
3. (a) FULL NAMI	Ella	E. Lau	deman	3. (b) Social Security Nu	ımber
4. Sex	5. Color or race	b.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	wi	dowed	20. DATE OF DEATH. August 31	8:00P
6.(b) Name of husband	or wife Frank	lin G.	Laudeman	21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from
•••••		6.(c) If alive, give ageye;	18 Mag 9 19 45 10 May -3	
7 Olath date of	.) Sept. 18			and that I last sawh 22 alive on	
8. AGE: Years		Days	It less than one day	Immediate cause of death	DURATION
74	11	13	hrsml	. Surunoma - Brussi.	
1D. Usual occupation 11. Industry or business 12. Name	housewif	e	state)	Due to	
8			?	(Include pregnancy within 8 months of death)	
14. Malden name 15. Birthplace	Balt imore		······•	Major findings of operations Pyrammer - 13	reast
	-			Date of op	****************
			ridre	Antopsy results	tisticall=
Address 12 Be	ell Grove	Road,	Catonsville, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	u-memoj s
17 Burial	or removal. Which?)	Date ther	eot 9/4/45	Accident, suicide, or homicide	
	D- 21		(month) (day) (year)		
Cemetery or cremator	J		M3 4	Where did injury occur? (City or town) (Connty) (8	State)
Location	Parkville,	1	- Taylor Ave.	Injured at home, farm, Industry, public place (where?)	*******************
18. Funeral director	shu O. Th	Jeteljel	L + Sous, Inc.	Means of injury injured at work?	
Address 1900	Eutaw Pla	cg. 33	Wipore, - 17 - 1	d. A flood tot	ms
9/2	1,0%	1/1	1.6.	23. SIGNATURE M. D. or c	other
19. (Date pec'd hy rec	ristrar)		Registry	Address 610 Frederick Ra., Catons ville	1-3-4

VS A15



07753

.. Date signed au

	CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: county Baltimore City or town. Catonsville (If outside city or town limits, write RU How long in above place of death? 1 month, 1 Hospital, institution, or street address where death occurred: Spring Grove State Hospi How long in hospital or institution? 1 month,	RAL and give nearest town) 4. daystal	State Maryland county Balto. City or town Catonsville (If ontside city or town limits, write RURAL and give nearest town) Street No. Opitz Nursing Home, Edmondson & Nun (If rurn), give LOCATION)
3. (a) FULL NAME Annie La	yden	3. (b) Social Security Number
	married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHAugust 19.,
6.(b) Name of husband or wife	den If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. 6irthplace		aune aune
12. Name? 13. Birthplace ? 14. Malden name		(Include programmey within symonths of death) Major fiadings of operations. Date of op.
Address Catonsville, Battimor 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location	e - 28, Md.	Antopsy results PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide Where did injury occur?
18. Funeral director Address 2200 Edmond 19. Aug 20 19 + 5 A	Son Mu W. Nedrick	23. SIGNATURE De la Cara Bate signed de 24.

Registrar

VS A15

19. (Date rec'd by registrar)

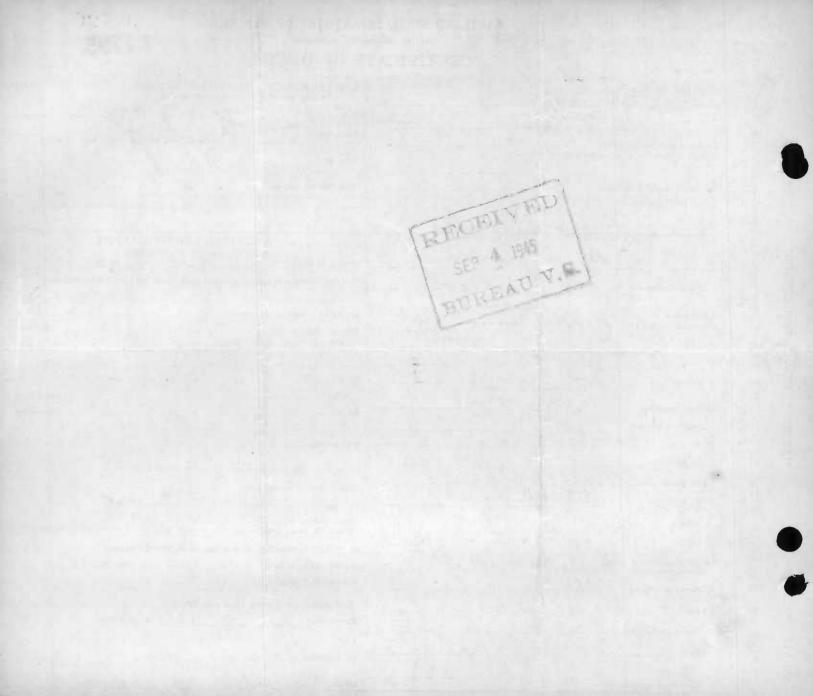
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME JOHANNA LEE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEM WHITE WIDOW 6.(b) Name of husband or wife CHAS- LEE 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business	MEDICAL CERTIFICATION 20. DATE OF DEATH
13. Birthplace 14. Maiden name S. V. SANNA ARN 15. Birthplace ND ANA 16. Interment D.R F. W. L.F. F. Address RANDALLSTOWIV. MD 17.	(Include pregnancy within 3 months of death) Major findings of operations. Oate of op. Autopsy results

VS A15



ect age		es St., Baltimore Bo (7795 Reg. Dist. No. 33
on earcfully. The corr clearly and legibly.	1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Macyloud County Bello City or town Gif outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
vG of information ses of death cl	3. (a) FULLINAME Leesles	3. (b) Social Security Number
IDING em of inf causes of	4. Sex A Sex Widow Or divorced Widow Or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
ARGIN RESERVED FOR BINGADING INK. Supply every it Physicians: please write the	8. (6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Has, to 19. Has and that I last saw h As alive on 19. Has Immediate cause of death Due to Appartment 48 has Due to Other conditions (Include pregnancy within 3 months of desth)
SE WRITE PLAINLY, WITH UNI is especially important.	16. Informant Address Route Stown Mich? 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Location Loc	Major findings of operations. Date of op. Autopsy results. PHYS1CIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
VS A15 PLEASE	19. 8-31 19.45 Mars B. S. Line Registrar Registrar	23. SIGNATURE M. D. or other M. Or or other M. D. or other M. Or or other M. Or or other M. D. or other M. Or or other M. Or or other M. Or or other M. Or o



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 24-3

Reg. Diat. No.

CERTIFICATE	OF	DEATH	
2.	USUAI	RESIDENCE (HOME) OF I	

2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
StateMaryland	ounty
City or town Edgewood	ts, write RURAL and give nearest town)
Street No. Box 168	
(If rural, giv	re LOCATION)
2.(a) It veteran, name war	V
- Ange.	3. (b) Social Security Number

AN	DREW	W.	LU	COT	

6.(a) Single, married, widowed, or divorced

Marte	MUTCO	TAT	arriou	
(b) Name of Musband of w	viceKath	erine	Lucot	***********************
. Birth date of		6.(c) I	f alive, give age	year
deceased (mo., day, yr.)	Januar	y 15,	1891	
ACE. Years	Months	Bave	If less than one do	W

53

9. Birthplace Pittsburgh Pa (Town, county, and state) 10. Usual occupation. Guerd 11. Industry or business # 12. Name Joseph Lucot

Pennsylvania 13. Birthplace 14. Maiden name.... Elizabeth Moles Pennsylvania

Clinical Records, Vets. Adm. Fac. Ft. Howard, Md.

Cemetery or crematory Edgewood

18. Funeral director (L.)

8.14- XS Injured at home, tarm, industry, public place (where?)

MEDICAL CERTIFICATION

20. DATE DF DEATH AUGUST 10. 19 45 at 8:00 A am

21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from August 1, 1945 to August 10, 1945 and that I last saw him alive on August 10, 19 45

DURATION

10 Days

Cerebral Hemorrhage Due to Hypertension, arterial

Immediate cause of death.....

Other conditions Hemiplegia, left, recent Hemiplegia, partial, rt. old.
(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged atatistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at work? Masna of Injury

PLEASE A.M. BALTER, LT. COL., M. W.P. O'STR. DIR. Address Ft. Howard, Md. Date signed 8-10-45 rec'd by registrar)

Date thereof....

RGIN RESERVED

important.

PLAINLY, is especially

WRITE

3. (b) Social Security Number

information carefully. The

2411 N. Charles St., Baltimore

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6m	W V
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CERT	TTTT	. 4 1777 3771	A 100	-	-
		A	/ 11.		
			3 / F	1 2 P 4	A

Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State M.d. County Balt.O. City or town Chase (If outside city or town limits, write RURAL and give nearest town)
Street No. Eastern Ave. (If rural, give LOCATION)
2 (a) If votaron name way

3. (a)	FULL NAM	1E

Hospital, institution, or street address where death occurred: Eastern Ave.

1. PLACE OF DEATH:
Baltimore

How long in hospital or institution?.....

Chase

How long in above place of death? 11fe

	C.	EDWARI	MADD	OX
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced
Male		white	ma	rried
6.(b) Name of	husband or 1	whe Ella	a B. M	addox
7 0 1 1 1 1			6.(c)	If elive, give ageyears
7. Birth date of deceased (m		March	18th,	18882
8. AGE:	Years	Months	Days	If less than one day
Bereit	63	4	25	min,
9. Birthplace.			county, and st	ate)
10. Usual occi	upation	arpente	er	***************************************
11. Industry or	business	Pa. R.	R.	

(If outside city or town limits, write RURAL and give nearest town)

0.). Usual occupation	Jarper	nter				0.0.00000000000
1.	I. Industry or business	Pa.	R.	R.			
10000	12. NameJO	hh J.	Mad	Kob	<u> </u>		*****
4	13. Birthplace	Balto.	Co		Md.		
	14. Malden name					***************************************	
S I	15. Birthplace						
R	Intermed M.79	s. C.	F2. 1	Med	xobl		

Address	Eastern	Ave.,	Chase,	Md.
17 bul (Buriai, cre	ial mation, or removal. W	Date	thereof. Aug. a.]	6,1945 (day) (year)
Cemetery or	crematory Ebe	nezer	Methodis	st
Landina	Chase. M	d.		

1	18.	Funeral	director	and the same of the	uluine	1
1),	ddress	7401	Belair	Road	

		1 48					ma 44		
	ma	15	-		u.C	01	4	man.	11
9				19	7.9,	7	V	su	

al House

MEDICAL CERTIFICATION					
2B. DATE DF DEATH August 13th,	9.45	at 1:	5.5P.		

19. 6	19
and that I last saw h Alive on	19
Immediate cause of death CCVCLX wal the tree Lalus	DURATION C >>> 0.44

Due to Arterioscleroti C.V.	***************************************
Due to	***************************************

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

	(Include pregnancy within 8 months of death)
lajor fiudings	of operations.
	Date of op

22.	VIOLENCE:	If death was d	ue to external causes,	fill in the following;	

Where did injury	occur?(City or town)	(County)	(State)
Injured at home.	farm, Industry, public place (where?)		

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Means of Albjury Injured at work?

VS A15

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PLEASE

THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I RECOUNT Lity The state of the s AUG 22 1945 MUREAU.V.S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

07799

			U	1	
Reg.	Diat.	No			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Couply Couply	20
How long in above place of death?	City or town	give nearest town)
How long in hospitat or institution?	2.(a) If veteran, name war (1f rural, give LOCATION)	1.15
3. (a) FULL NAME Casper John Ma	3. (b) Social Se	curity Number
4. Sex 5. Color or fee, 6.(a) Single, married, wildowed, or divorced Male While separated	MEDICAL CERTIFICATIO	
8.(b) Name of holdson or wife Catherine Lindenstruth	21. I CERTIFY that death occurred on the date above stated; that I attend	
7. Birth date of		
deceased (mo., day, yr.) September 30, 1877	and that t last saw hallve on	
8. AGE: Years Months Days If less than one daymin.	()	Q
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occopation retired	Due to.	
11. Industry or business	Due to	***************************************
12. Name. Conrad May 13. Birthplace Baltimore, Md.	Dther conditions	
14. Maiden name Agnes Mueller Baltimore, Md.	(Include pregnancy within 8 months of death) Major findings of operations	
George May		
16. Informant 3005 Chesterfield Avenue	Autopsy results. PHYS1C1AN: Please underline the cause to which death should be c	
Burial Burial Date thereof 8/25/45 (mouth) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	
Cemetery or WAXON Sacred Heart	Where did injury occur?	(State)
Charles E. Schimunek	Injured at home, farm, industry, public ptace (where?)	
18. Funeral director 26011E; Madison St. Baltimore, Md.	Injured 41 wor	- 20 7
19. Allens 12 19 4V (IW) Registrar Registrar	Ocpus Tokkees	M D of other
/ Actional	Address Date	signed

Mike May 1911 Bank Street 423 91 Porce St.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore



07800

CERTIFICATE OF DEATH

-		-	2 4	0	17	U	
	Pag	Dist	No		6	1	4

	A
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Page of the Page of	State 2004. County Sallo
City or lows	mandelle Mande
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death pocurred:	Street No
low long in hospital or institution?	2.(a) If veteran, name war
Thompson Mc Kee	3. (b) Social Security Number
Sex 5. Color or race (6.(x) Single, married, widowed, endivorced W.,	MEDICAL CERTIFICATION 2D, DATE OF DEATH. MEDICAL CERTIFICATION 1945 at 10'=
A Chi Nama of husband of wilds	21 I CERTIEV that death accurred on the date above stated: that I attended deceased from
B.(b) Name of husband or wife	1B
. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) AGE: Years Months Days If less than one day	Immediate cause of death
- 57 13 - hrs.	in.
Education of the	
(Town, county, and state)	Due to
D. Usual occupation	Due to
1. Industry or business	
12. Name Mark the transfer to the	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Elis Shalland	Major findings of operations
15. Birthplace Rhode bland	Date of op.
B. Informant No. Mosh J. to Kee Jr.	Autopsy results
Address 317 6 dgamata aplo.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
I Irano, Date thereof aug. 27-46	22. VIOLENCE: If death was due to external causes, fill in the following;
Date thereof. (day) (year)	Robbins, Street, of Homes
Cemetery or crematory.	(City or town) (Gounty) (State)
Location	Means of injured by head in bullow injured at work?
18. Funeral director	Means of Injury by May an purp Injured at work?
Address 4/8 Coltern Cure. Certica	- 1 Maranima.
Com. 27 " 45 Am S. Commelly	23. SIGNATURE Med. Exam. Dais 4 2 23 office
(Date #c'd by registrar) Registrs	ar Address Date signed S. W. Date signed S. W. S.



the state

2411 N. Charles St., Baltimore 97

				The state of the s
CERTIF	ICATE	OF	DE	ATH

log.	Dist.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Belto	
City or town	State County County
How long in above place of death?	City or town (If cotside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2610 Orleans St
Opits Howe	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cos drew That =	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Write Widowed	20. DATE DF DEATH AUG 8 1945 at 45 PM
6.(6) Name of husband or wife Wanda Methger	21. ICERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of Queen and All Parks and All	and that I last saw h
deceased (mo., day, yr.) Clean d84 1868	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day	Cere Ceras arterio deleron 250
/6hrsmin.	
9. Birtholace /3 all 8	Due to
9. Birthplace	
10. Usual occupation Celeska Ceticla	Due to
11. Industry or business	
12. Name Ses Metzger 13. Birthplace Services	Dither conditions
13. Birthplace Services	
# 14. Maiden oame & out Penne	(Include pregnancy within 3 months of death)
14. Maiden oame. Doest Sulling. 15. Birthplace Services.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant This I also goes.	Autopsy results. PHYSICIAN: Pleaso ouderlino the cause to which death should he charged statistically.
Address 2610 Osleans Ct	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof aug 1764	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Househit and a management
Cemetery or crematory an Temperal Citizen	Where did Injury occur?
Location Office al	Injured al home, farm, industry, public place (where?)
18. Funeral director Cellrich Ferresal House	Means of Injury Injured at work?
0 . 0 // /- 01	Va. Xala
Address 2008 Williams CT	23. SIGHATUREX Vecue / Howell
819 15 auxent	M. D. or other
(Date rec'd by registrar) Registrar	Address Bate signed D

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes-of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Keg. Diac. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	Yard No
Stay in hospital or inst. (yrs., or mos., or days)	Street No	e town)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME	3. (b) Social Security	Number
4. Sex 5 Color or race 6.(a) Single. parried, widowed, or divorced Male White Sucle	MEDICAL CERTIFICATION 20. DATE OF DEATH	37. at /0.0 M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 10 hrsmin	Immediate cause of death Cerebral Hemonhage	DURATION 17 days
9. Birthplace Survey From Balts. Rud - (Fown, county, and state) 10. Usual occupation Farmer	Due to Outaio a classis -	
11. Industry or business	Due to	
12. Name Peter ruller 13. Birthplace	Diher conditions huy o car ditis	2400.
14. Maiden name Eliza abotto Consumullar	(Include pregnancy within 3 months of death) Major findings: Of operations	PHYSICIAN
16. Informant	of operations	the cause to which death should he charged stalisli-
Address Phonex Wd - 11. Burish Date thereof Chang 20 194	Df autopsy	cally.
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide Date of Where did injury occur?(City or town) (County)	(State)
Location - Long Green Jud -	Injured at home, farm, Industry, public place (where?)	
Address 32 48 Ea Collins	23. SIGNATURE Wilmer E. Fran	Nu.A
19. Aug. 17-19 Vilmer C. Ensor (Date rec'd by registrar)		or other

Address Crelsey Sville Fred

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT

2411 N. Charles St., Baltimore

07803°

leg.	Diat.	No. 30	5

CERTIFICAT	TE OF DEATH Reg. Dist. No. 36
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resilience of mother) State
3.(a) FULL NAME Ama Mu	3. (b) Social Security Number
1. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced When the declarated with the declarated with the sex and	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 2 5 1945 of 728
B.(c) Name of husband or wife. 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) OEQ v 3, 883 8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
10. Usual occupation	Due to
14. Maiden name Mass Seichastt 15. Birthplace Getomacy	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Address Address Address Address Address Bate thereof (Burinl, cremation, or removal. Whigh) Cemetery or crematory Late thereof Cemetery or crematory Address Bate thereof (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Location 6115 O Donnell Hr. 18. Funeral director Shorte W. Treleansbor	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. B 78 19. Y 5 Alu fedriel (Date r'c'd by registrar) 19. Registrar	23. SIGNATURE SELLT CONTROL M. D. or other Address Calausulls 28 Mel Date signed 5-6/4-5

2411 N. Charles St., Baltimore 93-0

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1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

			CERTIFICA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place Hospital, institution, or How long in hospital o	imore atonsville outside city or town of death? 2: street address where 107 Rose r institution? 2:	limits, write R	URAL and give nearest town)			
3. (a) FULL NAM	Ethel	Hillea	ry Mezger	3. (b) Social Security	Number	
female	5. Color or race white	- 10	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 25 19.45	at	
6.(6) Name of husband or wife Irving H. Mezger 6.(6) Name of husband or wife Irving H. Mezger 6.(6) If alive, give age 56 years 7. Birth date of deceased (mo. day, yr.) December 23, 1888				21. I CERTIFY, that death occurred on the date above stated; that I attended dece	eased from 725 19.43	
8. AGE: Years	Months 8	Days 2	If less than one day	Immediate cause of death	3/18/	
1D. Usual occupation. 11. Industry or busines 12. Name	housewii s ehu A. Be Baltimo Mary W.	ll ore, Md	cy	Due to		
16. Informant Mr. Irving M. Nezger Address 107 Rosewood Ave., Catonsville, Md. Burial Burial Burial Burial, cremation, or removal. Which?) Cemetery of crematory* Location Windsor Mill Rd., Balto. Co., Md., Address 1900 Eutaw Place, Balto 17 - Md.				Means of injury injured at work? 23 SIGNATURE Cuthury Danes	(State)	

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Sparrows Point (If outside city or town limits, write RURAL and give nearest town)	Sparrows Point		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 804 C St.		
***************************************	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Henry Erwin Newlin			
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mala was a	0 - 3		
Male White Widowed	20. DATE OF DEATH. CLUS 7 2 19.4 3 at 7 4 M		
6.(6) Name of husband or wife Jessie Newlin	21. I PERNIFY that death occurred on the dale above stated; that attended deceased from		
6.(c) If alive, give ageye	10		
7. Birth date of	and that I last saw your slive on 19 19		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Numediate cause of death DURATION		
0.7101	Illian Sligensky a Do Ma		
9. Birthplace Harrisburg, Pa. (Town, county, end state)			
10. Usual occupation Cashier, Bethlehem Steel Co.			
11. Industry or business	Due to		
E	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Maldes name Irvin 15. Birthplace Penna	Major fiudings of operations		
15. Birthplace Penna	Date of op.		
16 Informant James M. Newlin	Autonay results.		
10. (alcomadi	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Removal (Burisl, cremation, or removal, Which?) Date thereof Aug. 25, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Reldwin			
Genetery or crematory	Where did injury occur?		
Location Steelton, Penna	injured at home, farm, industry, public place (where?)		
18. Funeral director Ullrich Funeral Home	Means of Injury Injured at work?		
Address 2008 Orleans St.,	1 () Dairi mi		
10. aug 23. 1045 D. L. Franker	23. SIGNATURE M. D. Gor other M. D. Gor other 123/45,		

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AUG 27 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St. Baltimore



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	E OF DEATH Reg. Dlat. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Widowed	MEDICAL CERTIFICATION 2D, DATE DF DEATH		
6.(b) Name of husband or wife Wife Anna Virginia Dunn 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 88 9 21	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from August 16, 1945 and that I last saw h. im. allve on Aug. 21 Immediate cause of death. DURATION Due to. Due to. Dither conditions The same of death. Dither conditions The same of death. Dither conditions The same of death.		
14. Malden name Anna Virginia Dum 15. Birthplace Baltimore City, Md. 16. Informant James I. North (Son) Address Homewood Apts. Charles and 31st Street Baltimore, Md. 17. Burial Baltimore Md. (Burial cressation as sensor Which?) Cemetery or cremainty Aardan Paulon (day) (year) Location Judicich ard 18. Funeral director of Development of Address 1900 Enlaw Chace, 19. Canada 22 18 for Makelania	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other 455 Address. M. D. or other 455 Address. Date signed.		

2411 N. Charles St., Baltimore



Date signed

CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: Battimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown	State Mary land County		
How long in above place of death?3 49975	(If outside city or town limits, write RURAL and give nesrest town)		
Hospital, institution, or street address where death occurred:	Street No. 527 N. Fulton Ave		
Opitz Nursing Harne	(If rural, give LOCATION)		
How long in hospital or institution? 3 40275	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Catherine C. O Mannell			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH. Ceny 12 1945 at 6 A		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	aug 1 1944 to aug 12 1945		
7. Birth dale of deceased (mo., day, yr.) About 1865	and that I last saw h 2 2 alive on 19 45		
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION		
00min.	Ceralurse A Eucorshage 2 day		
	Cerolorge Outers		
9. Birthplace Baltimore - Maryland (Town, county, and state)	Due to		
10. Usual occupation NOME	Dieles		
11. Industry or business	Due to		
11. Industry or dusiness 12. Name William O'Domnell			
	Dther conditions		
13. Birthplace / reland	(Include pregnancy within 3 months of death)		
# 14. Maiden name Margaret O'Brier	Major fiadings of operations		
14. Maiden name 427 927 0 37/27	Date of op.		
16. Informant Joseph Brunsman	Antopay results.		
Address 1523 Pidelity Bildig	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or removal. Which?) Date thereof. (month (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory New Cathedral	Where did injury occur?		
Location Baltimore - Mary Jana	Injured at home, farm, Industry, public place (where?)		
18. Funeral director MITHIATTI COOK INC.	Means of Injury Injured at work?		
Address /21% St. Paul St - Balto. Md.	Jan Sel- 17-0		
Charles of Dalla Ma.	23. SIGNATURE Decellor Mercure		
13 0/13 1845 W-U. Helu	M. D. or other		

Registrar Address.

VS A15

(Date ree d by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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-	Reg.	Dist.	_	-	-	

	Reg. Dist. 110.		
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Mt. Wilson Hosp. Mt. Wilson Md. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death? 2 yrs., 30 days	City or town 1/27 Forge Ave Baltimore Md.		
Hospital, Institution, or street address where death occurred: Mt. W11501	Street No. 1427 Forge Avenue		
Branch, Md. Tuberculosis Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? 2 yr.s. 30 days	2.(a) If veteran, name war		
3.(a) FULL NAME Mrs. Elizabeth Oliver	3. (b) Social Security Number 214-14-8988		
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH. August 21 19.45 19.30.A. M		
6.(b) Name of hosband or wife. Carl Oliver	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of 3.5 2.3 5. 7. 3.5 7.	July 22, 1943 to August 21, 18 45		
7. Birth date of	and that I last saw h. er alive on August 21, 19.45		
deceased (mo., day, yr.) May 3, 1915 8 ACE. Years Months Days It less than one day	Immediate cause of death		
0. 2544.	Pulmonary Tuberculosis 2 yrs.		
30 3 18mia.	2 mos.		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Tubercle Bacilli		
10. Usual occupation Housewife	Rue to		
11. Industry or business	UUC (V.		
	Other conditions None		
12 Name Howard Eyler 13 Birthplace Baltimore, Maryland			
	(Include pregnancy within 3 months of death)		
14. Maiden name Ida Miller	Major findings of operations No operations		
15. Birthplace Baltimore, Maryland	Date of op.		
16. Informant Mrs. Flizabeth Oliver	Autopsy results No autopsy		
Address 1427 Forge Ave., Balto., Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
t7 Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Woodlawn Cemetery	Where did injury occur?		
Location Woodlawn, Maryland	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Burgee Funeral Home	14 1 11 11		
Address 3631 Falls Rd., Balto., Md.	23. SIGNATURE Mewart & Maffer m. D.		
19. Aug. 21, 19 45 Carl Marsharian Registrar	Address Mount Wilson, Md. Date signed 8/21//5		

Received 8-

23

AUG 24 1945 Late Calabia Calabia

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

07809 Reg. Diat. No.

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infans give residence of mother)
County	State County 32150 5
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURA), and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Glorge R. Park	714075205
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Will marriet	2D. DATE DF DEATH CLASS 1945, at CEP M
8, (b) Name of husband or wild Rathsayme Payled	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
David Salar	
7, Sirth date of S.(c) If alive, give age	and that I last saw halive oo
deceased (mo., da), yr.) Dec 7/1903	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	immediate cause of death
4/7/16hrsmin.	(bronzer rellusions.
Ohio	304
8. Sirihpiace	Due to
10. Usual occupation Beth. Steel Shipyand	
1 1 - 1.++	Bue to
11. Industry or business	
12. Name James Parker 13. Birthpiace Ohio	Dther conditions
13. Birthplace Olivo	(Include pregnancy within 3 months of death)
14. Maiden name Aula Houts	(Include pregnancy within 8 months of death)
14. Malden name Austa Houtz	Major findings of operations
≥ 15. 6'rthplace	
16. Informant mus. Xathryn Parker	Autopsy results
Address 2918 stells are Tadgemera	PHYSICIAN: Flesse underline the cause to which death should be charged statistically.
01.15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
100	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
16. Funeral director John G. Connelly	Means of injury Injured at work?
INFORT CONTRACT	(hard ? ? &
Address 418 6 bottom was. 644 4	23. SIGNATURE OF Micaerane M. A.
10 aug 5 194) John & Jamelle	Went mele W. D. of other
(Date re'd by registrar) Registrar	Address Pate signed

ANGIS WIN

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County D&ITIMORE	State Mary land County Battemore
City or town Tort Howard	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Dal7 Imere
How long in above place of death? 54 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Pender Andrew C	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
//4//	20. DATE OF DEATH. August 5 1945 21 /24 PM
Mrs Catherine Pender	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	June 12, 1945 to Augusts 1945
7. Birth date of 6/2/1996 syears	and that I last saw h. I Malive on August 5
deceased (mo., day, yr.) 6/2/1890	Immediate cause of death DURATION
8 AGE: Years Months Days If less than one day	Circhosis of liver with
49 2 3nrs	3501705
	CINKOSIS OF LIVEY WITH
9. Birthplace Brooklyn Maryland	Due to
(Town, county, and state)	As cites
10. Usual occupation	Due to
11. Industry or business	-
12 Name Casimir Pender	Diber conditions
12. Name. Casimir Pender 13. Birthplace Poland	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations. Noue
5 15. Birtholace Poldnd	Date of op.
Clinical Kerords Vet. Adm. to	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address for Howard Mary/and	22. VIOLENCE: 11 death was due to external causes, fill in the following:
Date thereof Line 9/45	Accident, euicide, or homicide
(Burial, cremation, or (emoyal, Wkich?)	Accident, during, of nonverse
Cemetery or crematory O.T. (C) Lancetatio	Where did injury occur?
ROME CO	Injured at home, farm, Industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director. The CO CO2 020 works	0 1000 4
Address 1930 Castered any	A prid a Nobus
Autos Property	23. SIGNATURE M. D. or other
19. 8/ h 18 1 Cult de	to unto Adm For Ft. Howard MD 5/Ang/40
(Date rec'd by registrar) Registra:	Boress Date signed

1. PLACE OF DEATH;

MADVIAND	CTATE	DEPARTMENT	OF	HEALTH	
MAKILAND	DIAIL	DEPARIMENT	Uľ	HEALIN	

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For nearborn infants give residence of mother)	
State la County Klelow.	
City or town (If outside city or town limits, write RURAL and give n	earest town)
Street No. 2 12 2t. Realley a	ve.
(If rural, give LOCATION)	J

Coucty	100000000
City or town. Branchaw	State County
(If outside city or town limits, write RURAL and give nearest town)	marginal.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street Ro
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	12 (L) C : 1C :: N 1-
5. (a) POLL HAMLE ()	3. (b) Social Security Number
coward and lesandor	164-11-8687
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Day of N D	WEDICAL CERTIFICATION
m. Ir. Imale	20. DATE OF DEATH August 24 19 45 at 12 24 M
B.(b) Name of bushand or wife	21. I CERTIFY that death occurred on the date above staled; that I altended deceased from
6-(c) vanie of passage of wisc	18
7. Birth date of	42
	and that I last saw halive on
deceased (mo., day, yr.) 7 2 2 2 8 9 7	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Fractioned Shull Exercly elements on 8/24/45
6 / 4	Property of the state of the st
	Construging affiched ory heart 8/29/45
8. Birtholace. Lenna.	Due to Stuffe of thirtele-accelery
(Town, county, and atate)	
aleaman	V
10. Usual occupation.	Due to.
11. Industry or business & wellen Such .	
51 Paradore	Touchassed besture watte to \$124/45
12. Name Land	Other conditions
13. Birthplace	Cemuso
K 2	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthelace Italy	
图 15. Birthplace	
16, informant Josephine Cleanon (ductio)	Aptopsy results
1 11 2 0 6 0 10	PHYSICIAN: Please underline the cause ta which death should be charged statistically.
Address/21271. Kipkey cor. porwood a.	
Aurial Gus. 28-41	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removals Which?) Date thereot	Accident, suicide, or homicide. A. T. C. Marie of
(Lighten, Chemiston, of Lemplan is month)	12511.
Cemetery or crematory	Where did injury occur?
Brown M. Jal. Co. Pa.	injured at home, farm, industry, public place (where?)
Location -	
	Means of Injury Struck by truck Injured at work? He

Registrar

VS A15

PLEASE

M. D. or other Address

HTARG REPRESENTATIONS RECEIVED SEP 1 1945 -BUREAU V.S. 2411 N. Charles St., Baltimore

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V		0	-8	FW
201	-	BI.		

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	
City or town	more Ley 27, Md. foutside city or town I ce of death? Feb. or street address where Relay Sanit or institution? Febr	imits, write RU 15,945 death occurred:	JRAL and give nearest town)	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State	County Baltinor Commits, write RURAL and give no Stans. Rd. give LOCATION)	earest town)
Id	da Frederic	k Perki	ns			
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Mar	ried	20. DATE OF DEATH 8-12-45	19. 4-3	1 8:40 A
	July 2		orkins If allve, give ageyears	21. I CERTIFY that death occurred on the dat Feb. 15, 1945 and that I last saw h.er	19 duguet	12 - 19 45 2 - 19 45
8. AGE: Yes		Days	If less than one day	The state of the s		
76	0	22	hrsmin.	Chr. Myocarditis	•••••••	1 mon
1D. Usual occupation	Housewif	`e	ick	Due to	orsclerosis	2-yrs
12. Name	Balt	imore,	Md.			
	Filmiwa 1	Magray		(Include pregnancy with		
				Major findings of operations		
15. Birthplace	Balto	. Co. M	d. <u>.</u>			
				Autopsy results	to which death should be charge	d statistically.
Address 114 St. Dunstans Road, Baltimore 12, 1 17				Accident, suicide, or homicide	Date of	
cemetery or crematoryLouidon Park Crematory						
Location	F	rederic	k Rd.	tnjured at home, farm, Industry, public place		000000000000000000000000000000000000000
			ner & Sons	Means of Injury	Injured at work?	
Address		e Pa. Av		& SIGHATURE TORRENT	fouree.	
19. (Date fee d by	3 19 4.	FP	Wheele Registrat	Address Calouse	M. I	0. or other d 8-12-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEPTIFICATE OF DEATH

	2411 N. Char	les St., Baltimore	2		
	CERTIFICA	TE OF DEAT	ГН	Reg. Dist. No	
1. PLACE OF DEATH: County Balto. City or town. Larchmont (If outside city or town limits, write RURA) How long in above place of death?	City or townBa	ants give residence of n Coun Coun Altimore, M side city or town limits,	aryland. write RURAL and give 1	nearest town)	
Hospital, Institution, a street address where death occurred:		Street No.	600 N. Monr (If rural, give l	oe St.	
How long in hospital or institution?	••••••	2.(a) If veteran, name wa	r	***************************************	••••••
3.(a) FULL NAME AMY CORINNE	PHELPS			3. (b) Social Securit	V
4. Sex 5. Color or race b.(a) Single, marr	ried, widowed, or divorced		MEDICAL CE	RTIFICATION	- Little
F W Marri	ed	2D. DATE DF DEATH	Aug. 19	19. 4	5 at 12:50
8.(b) Name of husband or wife	ive, give ageyears	and that I last saw b	alive on	o stated: that I attended de	19 4/5 -
8. AGE: Years Months Days if	less than one dayhrsmin.	Immediate cause of deat	lisell.	Thema	3la_
9. Birthplace Baltimore, Md. (Town, county, und state) Housewife		Bue to Frimary	a litera	Foris T	
11. Industry or business 12. Name Francis M. Bull 13. Birthplace Balto., Md.		Dther conditions		Cuso.	
E 14. Maiden name. Clara V. Hughes 15. Birthplace Balto., Md.		(Include	our	onths or in the Saveo	123/45-
16. Informant Mr. Clarence E. Phel Address 600 N. Monroe St.		Autopsy results PHYSICIAN: Flease und	derline the cause to whi	ch death should be charge	ed statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Loudon Park Cem		icide	es, fill in the following; Date of (County)		
Balto., Md.				ere?)	
18. Funeral director WM. J. TICKNER & Balto., Md.	e SONS	Means of Injury	entor	Injured at work?	D.
19. (Date rec'd by registrar) 19.45 Cacchesta. Registrar		19 1322	Macel		O. or other

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Dr		Kochman
El	1	icott City

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltim

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ore	13	P	
E		LL	

Registrar | Address

E OF DEATH	Reg. Dist. No	
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
state Maryland		le
City or town Baltimore	mits, write RURAL and give near	rest town)
	ose Avenue	••••••
2.(a) If veteran, name war		***************************************
	3. (b) Social Security I 215-07-43	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH	13 19 +5	at 4 19 M
21. I CERTIFY that death occurred on the date		sed from
Immediate cause of death	ylustes	DURATION
Due to		***************************************
Due to		**********************
•••••••••		******************************
Olher conditions		*************
(Include pregnancy within	n 8 months of death)	
Major findings of operations	ao 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
***************************************	Date of op	
Autopsy results	o which death should be charged a	tatistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;	
Accident, suicide, or homicide		********
Where did injury occur?(City or tow	(County)	(State)
Injured at home, farm, industry, public place		,
Means of Injury	Injured at work?	
LEu C.	Kahmen	100

CERTIFICAT 1. PLACE OF DEATH: County Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Catonsville Aged & Invalid Home How long in hespital or institution?.... 3. (a) FULL NAME Alfred M. Phillips 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race male white married 6.(b) Name of husband or wite Edith Phiklips 6.(c) If alive, give age 7. Birth date of October 12. deceased (mo., day, yr.) 8. AGE: Months Days If less than one day 66 10 Baltimore Md. (Town, county, and state) Printer 10. Usual occupation. 11. Industry or business 13. Birthplace 14. Malden nar 08. 15. Birihplace 14. Malden name. Eve Gunther, niece 16. Interment... 3300 Kenyon Avenue Address 8/22/45 (month) (day) (year) 17. Bur al (Burial, cremation, or removal, Which?) Date thereof. Oaklawn Cemetery or crematory Baltimore Location Leonard J. Ruck 8. Funeral director 5305 Harford Road Address

VS A15

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DOTH: County. Daltanione.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Stale Md County Balto .
How long in above place of death?	City or town
305 Eastern are	(If rural, give LOCATION)
How long in hospital or institution? Was M. 1949	[72.(0) If veteran, namo war
William Vernon Phil	3.(b) Social Security Number 217 12 6116.
1. Sex 5. Color or rago 6.(a) Single, married, widowed, or divorced whole with reserved.	MEDICAL CERTIFICATION 20, DATE OF BEATH. Quality 6. 1945 at // 36
8.(b) Namo of husband or wife Itella Hildebrand.	21. I CERTIFY that death occurred by the dato above stated—that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h in alive on Aug. 4 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death Myocardial Jaclese . Sudden
9. Birthplace sletroit michigan.	Due to Chronic mys carditio 6 ms.
10. Usual occupation. I altow / Ceffer;	Manage through 2 200
11. Industry or business Beers and whiskeys.	Due to.
12. Name Thomas Phillips. 13. 8irthplaco Paland	Dther conditions
14. Malden name Elizabeth Regulska, 15. Birtholaco Poland.	(Include pregnancy within 8 months of death)
15. Birthplaco Poland.	Major findings of operatious
18. Informant Ida Takacs (sistle)	Autopsy results
Address 62 M # 1.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Seorge & Welver	Moans of Injury Injured at work?
Address 705 - 8 Anna No.	Louis M. Tollie wal
19. 8/8 (Dateree'd by registrar) (Dateree'd by registrar) (Dateree'd by registrar) (Dateree'd by registrar)	23. SIGNATURE M.D. opother/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

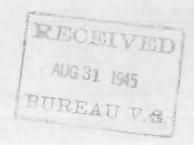
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

07816 Reg. Dist. No. 30

RAL and give nearest town) Mes., 27 days espital mes., 27 days	State	e, write RURAL and give nead Camden Streetlocation)	rest town)	
mes 27 days			******	
		1		
14		3. (b) Social Security	Number	
married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
eparated	20. DATE OF DEATH August 6	19. 45	7:30 am	
If allve, give ageyears	21. I CERTIFY that death occurred on the date abov	ve stated; that I attended decea	6 1945	
It less than one day	Immediate cause of desth	of a of the	DURATION	
	9		Indefinit	
	Due to. Syphilis Due to.		***	
es	(Include pregnancy within 3 months of death)			
	Autopsy results. As above			
ryland ate Hospital	(City or town) Injured at home, farm, Industry, public place (wh	(County) iere?) Injured at work?	(State)	
	es	May 10 18.4 1894 It less than one day Immediate cause of desth. General paraly: Insane Due to. Syphilis Other conditions Other conditions Major findings of operations. Major findings of operations. Autopsy results. As above PHYSICIAN: Plesse underline the cause to wh Solution of the cause of desth. General paraly: Insane Other conditions Autopsy results. As above PHYSICIAN: Plesse underline the cause to wh Solution of the cause of desth. General paraly: Insane Other conditions Other conditions (Include pregnancy within 3 m Major findings of operations. Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (wh Means of injury Means of injury	If alive, give age years 1894 It less than one day and that I last saw h im alive on August 6 Immediate cause of death General paralysis of the insane Due to Syphilis Due to Syphilis Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. August 21, 194 See Hospital August 21, 194 See Hospital Tyland At Hospital At Hospital	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-6

CERTIFICATE OF DEATH

			CERTIFICA	Reg. Diat	. No
1. PLACE OF DE	EATH: timore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town				State Md. County Balt	
How long in above place of death? 28 Years				City or town	d give nearest town)
	or street address where			Street No. 7007 Beech Ave.	
7007	Beech Av	re.	***************************************	(If rural, give LOCATION)	***************************************
How long in hospital o	or Institution?	***************************************	***************************************	2.(a) If veteran, name war	***************************************
3. (a) FULL NAM		za Pu	luzzi	3. (b) Social ;	Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATI	ON
Female	White	S	ingle	20. DATE OF DEATH. August 28th	
1 321111					
				21. I CERTIFY that death occurred on the date above stated; that I atte	ended deceased from
B 0. 11 1 1 1 1 1	• • • • • • • • • • • • • • • • • • • •	6,(e) If alive, give ageyears	and that I last saw h 12 alive on aug, 27	19
7. Birth date of deceased (mo., day,	w.) June	18th.	ໂດ້ກວ	and that I last saw halive on	
8. AGE: Year		Days	It less than one day	Immediate cause of death	
73	2	10	hrsmln.	Interinal abstructions?	n 3 days
7.5				Vo Loulus:	•••••••••••••••••
9. Birthplace	Italy	county and	state)	Due to	***************************************
45 11 11 11 11	At. Ho	me			
1D. Usual occupation.		/411.V		Due to	***************************************
11. Industry or busines				-	
12. Name	Luigi Pul	uzzi	••••••	Other conditions	***************************************
	Italy				
14. Malden name.	Maria G	luerra		(Include pregnancy within 8 months of death)	
E 14. marden name.	Italy			Major findings of operations	••••••
				- Date ot	op
16. Intermant MJ	rs. Louis	e Sca	gliarini	Antopsy results	
Address 70	007 Beech	Ave.		PHYSICIAN: Please underline the cause to which death should be	charged statistically.
- brand of	1		Aug 21 1045	22. VIOLENCE: If death was due to external causes, fill in the following	ng;
(Burial, cremation	n, or removal. Which?	Date there	of Aug. 30, 1945 (month) (day) (year)	Accident, suicide, or homicide	of
			r Cemetery	Where did injury occur?	
			Free		
				Injured at home, farm, industry, public place (where?)	
18. Funeral director			meest Home		
Address 74	101 Belai	r Roa	d	23. SIGNATURE Cugene & lessa	cno
19. Care 2.	19 45	- Am	. 9. I. Parfamides	23. SIGNATURE SILL Drury Same on	M. D. or other

RECULLY ALG 30 1945 BUREAU V.8 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

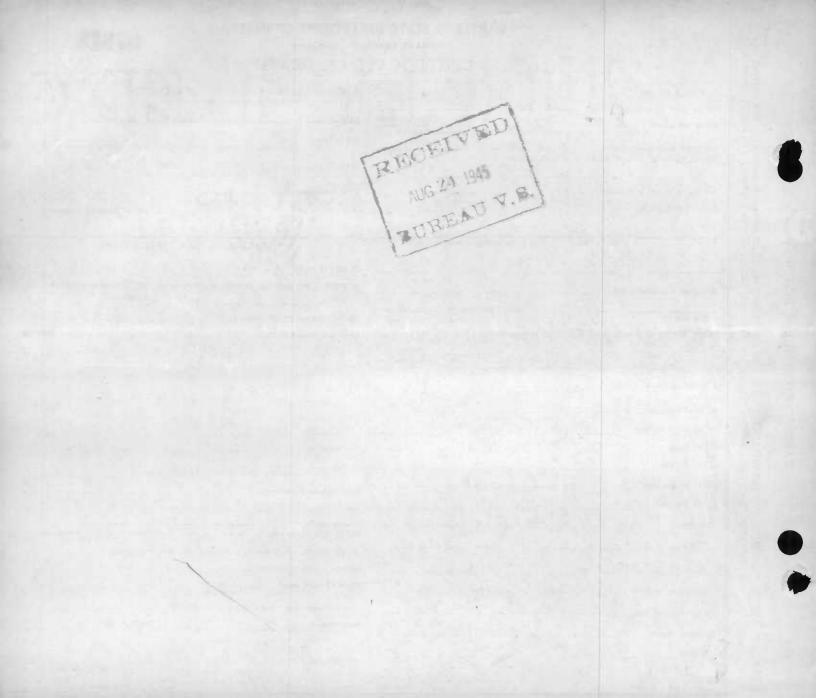
2411 N. Charles St., Baltimore 92-0

CEPTIFICATE OF DEATH

07818

2/

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
4. Sex 5/ Color or race 8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
m W Strigle.	MEDICAL CERTIFICATION 20. DATE OF DEATH Suggest 17 1945, 1/2. 0/A
6.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 17, 1875 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
20 6 0min.	
9. Birthplace (Town, county, and state)	Due to
11. Industry or business Retired	Due to
12. Name Manuel	Dther conditions
14. Maiden name Sulla Su	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Informant Mrs Hertreude Bruke	Antopsy results.
Address 3 410 Belair Rd. Balto. M.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Bate thereof (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Location Leader Ed Galla Co. M.S.	Where did injury occur?
16. Funeral director C. Hazzy Willed	Means of injury Injured at work?
Address Sykewille, M.A.	23. SIGNATURE M.D. or other
19. (Dago ree'd by registrar) 1942 Mm. E. Martina Registrar	Addres Caudallstown Date signed 8/17/45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lown. Fort Howard (If outside city or town limits, we	***************************************	State Maryland County County		
(If outside city or town limits, we how long in above place of death? 10 Days	ite RURAL and give nearest town)	City or town. Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. 2 Jefferson Street (If rural, give LOCATION) 2.(a) If veteran, name war.		
How long in above place of death?	curred:			
Vets. Adm. Fac. Fort How				
How long in hospital or institution? 10 Days				
3. (a) FULL NAME		3. (b) Social Security Number		
THOMAS B.	REID	5. (0) Social Security Number		
	Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White	Married			
1111100	2002 1 2 0 00	20. DATE OF DEATH August 23, 19 45 , at 2:25A. M		
6.(b) Name of Justing of wife Elsie.		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Sirth date of	6.(c) If alive, give age ?years	August 13, 19 45 10 August 23, 145		
7. Sirth date of deceased (mo., day, yr.) January 4	1. 1893	and that f last saw h im alive on August 23. 145		
8. AGE: Years Months Day		Immediate cause of death Disease of the Heart DURATION		
52 7 18	hrs min.	Cause: Rheumatism. Structural Lesion 10 yrs.		
		Cardiac enlargement: myocardial damage;		
9. Birthplace Ohio (Town, county,	and state)	Myocardial insufficiency: auricular **XX fibrillation		
10. Usual occupation Unemployed				
11. Industry or business		360 + 4.94 + 4.45 + 4.94		
		Other conditions		
Frank Reid 12. Name Frank Reid				
14. Maiden name Eva J. Hender: Virginia	SON			
5 15. Birthplace Virginia		Date of op.		
16. Interment Clinical Records.	Vets. Adm. Fac.	Autopsy results		
Address Fort Howard, Mary	rland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	thereof 8-27-44-	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator Austabalia	national Cemeter	Where did injury occur? (City or town) (County) (State)		
Location ausanolis	2	Injured at home, farm, industry, public place (where?)		
18. Funeral director. C. L. L.		0 00		
Address 1 46 44 9021	1cd	3. SIGNATURE CONVOCALLES		
85-4	At-h. Hedre	RMS A.M. BALTER, I.T. COL., M.C. M. CLINDIR.		
(Date rec'd by registrar)	Registrar	Address Ft. Howard, Md. Date signed 8-23-45		

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Colony		***************************************	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		78	City or town		
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 11 days					ospital
					/ 5
3. (a) FULL NAM	AE .	e Ricci		3. (b) Social Security	Number
4. Sex Female	5. Color or race White	6.(a)\$ing	le, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH	,at 11 ±55A M
6.(b) Name of husband	d or wife	rank R	icci	2t. I CERTIFY that death occurred on the date above stated; that I attended dece July 21	ased from
7. Birth date of	Marta		(c) It alive, give ageyears	and that I tast saw horalive onAugust_1	
deceased (mo., day,	rs Months	Days	If less than one day	Immediate cause of death Acute exacerbation of chronic myo-	
5	2 8	5	hrsmln.	carditis.	Indefinite
9. Birthplace	House		D C. state)	Due to Fever of undetermined origin.	
Ti. mausty or ossession of the state of the			speri	Other conditions Adenoma of the thyroid	
14. Malden name Mary Dowey			(include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace			cords	Autopsy results. As above	
16, Informant			Balto28, Md.	PHYSICIAN: Please underline the cause to which death abould he charged	statistically.
12	rial		reot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Cemetery or crema	01	HOOM	Heart 2	Where did injury occur?	
Location -	1,00		Co la	Meens of julery	
18. Funeral director.	9381	Dove	18 St.	23. SIGNATURE Jaber 6. Farde	cesty,
19. (Date reed by a	registrar)	108	Registra	Z3. Signaron Robert E. Gardner, M.D. M.D. Catonsville-28, Md. Date signed.	or other

VS A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

Jake ling



MARYLAND STATE DEPARTMENT OF HEALTH

07821

CERTIFICA	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County Paltimore City or town. Catonsville 28, Md. City or town. (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 1 month 22 days Hospital, Institution, or streel address where death occurred: Spring Grove State Hospital	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streel No. 3329 Gwynns Falls Parkway, Balto, 1 (If rure), give LOCATION)		
How long in hospital or institution? 1 month 22 days	2.(a) If veteran, name war		
3.(a) FULL NAME Nellie Ridenour	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 14 19. 45 at 10:		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 35 1 29 hrs. min 9. Birthplace Elkridge Maryland (Rown, county, and state) 10. Usual occupation Waitrass 1. Industry or business ?	and that I last saw h. G.F. alive on August 19 19. Immediate cause of death DURAT Acute exacerbation 4 da Due to chronic myocardial insufficiency		
12. Name William Gill 13. Birthplace Maryland 14. Malden name Florence Sedicum 15. Birthplace Maryland	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results. S.C. above. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. Intermant			
17. Burial, cremation, or removal, Which?) Cemetery or crematory. Meadownedge. Messonal Park Location Washington Blade. Boury, Mar. 18. Funeral director			

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of correct age age is shown on 2411 N. Charles St., Baltimore (%) CERTIFICATE OF DEATH MINNO G 97 SEP 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Baltimore (For newborn infants give residence of mother) County..... County Prince George Maryland Catons ville City or town. (If outside city or town limits, write RURAL and give nearest town) Mt. Ranier How long in above place of death? 6 years, 10 mos., 2 das. 37 38 - 36th Street Mospital, Institution, or street address where death occurred: Spring Grove State Hospital (If rural, give LOCATION) How long in hospitat or institution? 6 years, 10 mos., 2 das. 3. (a) FULL NAME 3. (b) Social Security Number Rose R. Riley 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING White Female Single August 28 19 45 21 5:25 pm 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8.(b) Name of husband or wife..... October 26 19 39 to August 28 19 45 6.(c) If alive, give agevears and that I last saw h. er alive on August 28 18 45 7. Birth date of October 28, 1870 deceased (mo., day, yr.) DURATION Immediate cause of death..... Days It less than one day 8. AGE: Coronary occlusion 1 day MARGIN RESERVED 10 75-Generalized arteriosclerosis Indef. Washington, D. C.
(Town, county, and state) 9. Birthniace..... Clerk, retired 10 Usual occupation..... Clerical 11. Industry or business Samuel S. Riley 置 12. Name...... important. New York 13. Birthplace (Include pregnancy within 3 months of death) H 14. Maiden name..... Major findings of operations..... 15. Birthpiace Hospital records PLAINLY, is especially As above 16. toformant.... PHYSICIAN: Please underline the cause to which death should be charged statistically. Catons ville, Balto .- 28, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Cemetery or crematory..... Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury PLEASE 23. SIGNATURE Catonsville, Balto -28, Date signed 8/29/45



VS 150

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

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If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



... Date signed ... 8/24/45.

Registrar

(M)
•
RESERVED FOR BINDING
RESERVED
MARGIN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of reath clearly and legibly.

			CERTIFICA	Ί	
1. PLACE OF DEAT					
CountyBa	ltimore		••••••		
			URAL and give nearest town)		
How long in above place of (Hospital, Institution, or str	et address where d	eath occurred	:		
Rosewood	State 1	raini	ing School		
How long in hospital or ins	titulion?	25yr	L8da		
3. (a) FULL NAME					
	Robin	son.	Gladys Annett	a	
4. Sex 5.	Color or race	6.(a)Single	e, married, widowed, or divorced		
Female	White		Single		
6.(b) Name of husband or 1	vife	n	one		
	***********) If alive, give ageyea	rs	
7. Birth date of deceased (mo., day, yr.)	Feb	ruary	19, 1904		
8. AGE: Years	Months	Days	If less than one day	=	
41	6	4	hrsmii	1.	
9. Birthplace	Baltin (Town, e	ore.	Md.		
o. Distription of the control of the	(Town, e	ounty, and a	tate)		
10. Usuat occupation	<u> </u>	ma ve	•••••••		
11. Industry or business				_	
12. Name	J. E. R				
13. Birthplace			, Md.	_	
€ 14. Maiden name		ie Bo			
14. Maiden name 15. Birthplace	T	albot	Co., Md.		
16, Informant	Mrs. C	arrie	Robinson		
Address 4306 Baltimore St., Balto, Md.					
17 Duri at (Buriai, cremation, or removal, Which?) Date thereof July 27-45 (guanth) (day) (year)					
Cemetery or crematory	13ac	unso	re 6 Emetery		
Location E 457					
18. Funeral director			Gook Inc		
Address /2/7			Street		
x/25 x5 Hw Hedred					
(Date reg d by registrar) Registrar					

TE OF DEATH	Reg. Diat. No	39
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
state Maryland	county Baltimo	re
City or town Owings 1	Mills mits, write RURAL and give nen	
Street No. Rosewood	S.T.S.	
(Ifrural, a	rive LOCATION)	****************
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	
Angra	+ 22 /5	8:00 P
20. DATE OF DEATH AUGUS	U 22 19.42	, 210.00 1 8
21. I CERTIFY that death occurred on the date		
august 20		3 19 45
and that I last saw halive on	aug 23	19.4.3
Immediate cause of death		DURATION .
Jastrie er	foration	mulde
	7	
Due to Bastrec of	struction	2 days
Diebles	alia Herria	Congen
Start all Landau	to I in fell	
the second	Cavity)	
Other conditions		***************************************
(Include pregnancy within	8 months of death)	
Major findings of operations.	feration	
4	Date of op.	
Autopsy results Same as C	ouse of death,	above.
PHYSician: Please underline the cause to	which death should be charged	statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;	
Accident, suicide, or homicide	Date of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Where did injury occur?(City or tow	n) (County)	(State)
Injured at home, farm, industry, public place	(where?)	
Means of Injury	lojured at work?	
23 SIGNATURE George). medairy	m.W.
	MTD. c	or other

Address Rosewdod S.T.S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

Reg. Dist. No.....

CERTIFICATE OF DEATH

1				
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore	***************************************	(For newborn infants give residence of mother) State		
City or town. ESCEX (If outside city or town limits, write RUR	AT			
		City or town (if outside city or town limits, write RURAL and give nearest town)		
Now long in above place of death?	100000000000000000000000000000000000000	357 Oherle Ave		
		Street No		
Now long in hospital or institution?		(it rural, give LOCATION)		
3.(a) FULL NAME	***************************************			
3. (a) FULL NAME		3. (b) Social Security Number		
Lena Schnei				
4. See 5. Color or race 6.(a) Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Marr	ied	20. DATE OF DEATH Quy 75 19 46, at 10:30		
6.(b) Name of husband or wife. John Schneide	r	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
U.(V) Hand of Hospita of Wile	***************************************	Jan V 19 45 10 aug W 19 4.		
7. Birth date of Manach Z 1875	alive, give ageyears	and that I last saw her alive on any es 0 19 4		
deceased (mo., day, yr.) March 3, 1875		Immediate cause of death		
8. AGE: Years Months Days	If less than one day	Per des Nelman sell L. n		
70 5 20	hrsmln.			
a Richataca Germany		ateri sellanta		
9. Birthplace	e)	Due 10		
10. Usual occupation. At home		- And		
10, VSUZI VOCEPRIVIS	***************************************	Due to		
11. Industry or business Dont know				
12. Name Dont know 13. Birthplace Germany		Other conditions		
		(Include pregnancy within 3 months of death)		
14. Maiden name Dont know 15. Birthplace Germany				
5 15 Birtholace Germany		Major findings of operations		
		Date of op.		
-16. taformani John Schneider		Autopsy results.		
Address 357 Oberle Ave.,		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buniel	Aug 28, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)	Aug 28, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Oak Lawn		Where did Injury occur?		
		Injured at home, farm, Industry, public place (where?)		
18 Funeral director Ullrich Funeral	home	Means of injury injured at work?		
Address 2008 Orleans St.,		1 6 46		
Address 2000 11100110 2019	46 01	23. SIGNATURE 23. SIGNATURE		
19 aug. 27 19 45 John	N. Wrully	M. D. or golder		
(Data-ec'd by registrar)	Reg St a.	Address Date signed A		

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VS A15

0782643

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If reteran, name war.
3. (a) FULL NAME Schweider 1. Sex 5. Color or, race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
invite must be form	20. DATE OF DEATH
6.(b) Name of husband or wife Call Schull Sc	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day. yr.) May 29th 1861	and that I last saw h A alive on 19 7 0. Immediate cause of death Datastand BURATION
8. AGE: Years Months Days If less than one day	Andrew Sudden
00 V0 10min.	
9. Birthplace (Town, county, and state)	Oue to Melas - Juliation assess
10. Usual occupation	Due to
12. Name Oct Jandel	Other conditions
E 14. Maiden name // // // // // // // // // // // // //	(Include pregnancy within 8 months of death)
15. Birthplace Serving	Major findings of operations
16. Informant Mus Bland Massing in	Autopsy results
Address of E. Onlla w	22 VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Mich?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eremotory Olivania Charles	Where did injury occur? (City or town) (County) (State)
Location A Lagrangia Maria	Injured at home, farm, lodustry, public place (where?) Means of Injury Injured at work?
18. Funeral director.	el su K
Address JOD GUNUN VICE	23. SIGNATURE W M. D. or other
(Date of d by registrar)	Address Multo 6 Mul Date signed 8/8/45



Mrs. a.L. Reißschnieder Belair Rd. + Fitch ave. death

of

important.

especially PLAINLY

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) 8. AGE: please 10. Usual occupation 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthpiace 14. Maiden name Major findings of operations..... PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town)

Means of injury

23. SIGNATURE.

Injured at home, farm, industry, public place (where?)

injured at work?

THE ART TO STREET AND A LIZE OF THE AREA

MORNAPHERSED STATISTICS.

TEAD WE OF THE CONDICATE OF THE STATE OF THE

No. of Concession, Name of Street, or other Party of Street, or other

Water 497

75 44-1

(a) State..../

(d) Street No.

(c) City or town

(e) Citizen of foreign country

If yes, name country.....

	Registered No.	P
CEASED:	U7828	
County	••••••	
	nits, write RURAL and	
(If run	ral give location)	
y?	(Yes or No)
		wis hy-
L CERT	FICATION	

(a) Baltimore City, Maryland (b) Street address (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days). (e) Length of stay in Baltimore (yrs., mos., or days) 60 446 3 (a) FULL NAME 3 (b) If veteran, name war 3 (c) Social Security Account No. 6 (a) Single, married, widowed, or divorced 6 (b) Name of husband or wife. 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) (lug 29 8. AGE: Years Months Days If Yess than one day 9. Birthplace (Town, county, and state) 10. Usual Occupation. II. Industry or business 12. Name. 13. Birthplace 14. Maiden Name & 15. Birthplace 16 (a) Informant (b) Address 7 (b) Date thereof (month) (day) (year) (c) Cemetery or crematory. Wood

MEDICA august 11 20. DATE OF DEATH 21. I certify that death occurred on the date above stated; that lattend-1944 10 81 ed deceased from /2// and that I last saw h alive on.... Duration Immediate cause of death Other Conditions PHYSICIAN (Include pregnancy within 3 months of death) Date of operation..... Major findings of operation:.....

cause to which death should be charged statis-

- 22. If death was due to external causes, fill in the following:
- (a) Accident, suicide, or homicide.....
- (b) Date of occurrence at (c) Where did injury occur?....
 - (City or town) (County)
- (d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work?

(e) Means of injury.... 23. Signature...

VS 150

18 (a) Funeral director.

(Date rec'd by registrar)

RESERVED

INSTRUCTIONS FOR MEDICAL CERTIFICATION

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Date signed Tuly

RIGIG 1945
BURLAT V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH

07830

CERTIFICATE OF DEATH

186	2411 N. Charle	es St., Baltimore (\$1-0)
rect 2	CERTIFICAT	TE OF DEATH Reg. Dist. No. 37
on carefully. The corclearly and legibly.	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or spreel address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war.
information of death cle	3. (a) FULL NAME Miss Mary J. Snyder	3. (b) Social Security Number
causes of	4. Sex (5. Color or race / 6. (a) Single, married, widowed, or divorced hemale White Lingle	MEDICAL CERTIFICATION 20. DATE DE DEATH. Design 15 45 at 12 2 0 m
Y, WITH UNFADING INK. Supply every it	8.(6) Name of husband or wife 1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 7.6 This county, and state) 10. Usual occupation. 11. Industry or business 12. Hame. 13. Birthplace Reptiminates 14. Maiden name. 15. Birthplace Reptiminates 16. Informant. 16. Informant. 17. Birthplace Reptiminates 18. Informant. 19. Birthplace Reptiminates 10. Usual occupation. 11. Industry or business 12. Hame. 13. Birthplace Reptiminates 14. Maiden name. 15. Birthplace Reptiminates 16. Informant.	2t. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19 4 10 24 19 4 5 and that I last saw h
ASE WRITE PLAINLY, is especially	Address Machine Configuration of removal Which? Cemetery or crematory Configuration of the C	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
PLE	19.8/45 Wilmer C.Ensor (Date fee'd by registrar) Registrar	23. SIGNATURE M. D. or other Address & Bushalle St. Date signed 7/5 45

VS A15

MARGIN RESERVED FOR BINDING



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH V

		0
COLLO	09	
Registered	No.	
5/8/		40

PHYSICIAN

Underline the

cause to which

death should be charged statis-

(County) (State)

17	20 N	4	A 1 22	OF	DE	ATH:	

- (a) Baltimore Gin, Maryland
- Beldona Ave. & Gittings Ave. (b) Street address
- (c) Hospital or institution:
- Mercy Villa
- (d) Length of stay in hospital or inst. (yrs., mos., or days).....
- (e) Length of stay in Baltimore (yrs., mos., or days) 55 71'S.

- 2. USUAL RESIDENCE OF DECEASED:
- (a) State Md. (b) County none
- (c) City or town Baltimore
 (If outside city or town limits, write RURAL and give town)
- (d) Street No. 918 Newington Ave.
- (If rural give location) (e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Caroline Roach Stevens

- 3 (c) Social Security Account 3 (b) If veteran, name war
- 6 (a) Single, married, widowed, or 4. Sex 5. Color or race divorced. female white widowed
- 6 (b) Name of husband or wife R. Nelson Stevens 6 (c) If alive, give age
- 7. Birth date of deceased (mo., day, yr.) Sept. 10. 1867
- 8. AGE: Years Months Days If less than one day hr.
- Somerset Co., Md. 9. Birthplace.....
- (Town, county, and state) 10. Usual Occupation none
- 11. Industry or business
- 12. Name William Roach
- Somerset Co., Md. 13. Birthplace 14. Maiden Name Caroline Gunby
- Somerset Co., Md. 15. Birthplace
- 16 (a) Informant Mr. Robert N. Stevens
 - 1318 E. 36th St. (b) Address
- (b) Date thereof 8/8/45 (Burial, cremation, or removal) (month) (day) (year)
 - (c) Cemetery of tremetery Druid Ridge
- Pikesville, Nd. Location.....
- 18 (a) Funeral director 900 Eutaw Place (b) Address ...
 - (Date rec'd by registrar)

MEDICAL CERTIFICATION

- 20. DATE OF DEATH August 6, 1945 at M 21. I certify that death/bccurred on the date above stated; that I attend-
- ed deceased from July 1945 tolle 6 196 G and that I last saw han alive on College 6 196
- Immediate cause of death .

- Other Conditions
- (Include pregnancy within 3 months of death) Date of operation.....
- Major findings of operation:
- of autopsy:
 - 22. If death was due to external causes, fill in the following:
 - (a) Accident, suicide, or homicide.....
 - (b) Date of occurrence at
 - (c) Where did injury occur?...
 - (d) Did injury occur about home, on farm, industrial place, in public

(Specify type of place) While at work? (e) Means of injuty 23. Signature Address 1403 Park Ave. Date signed

(City or town)

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The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

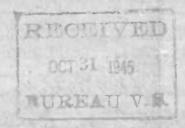
If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

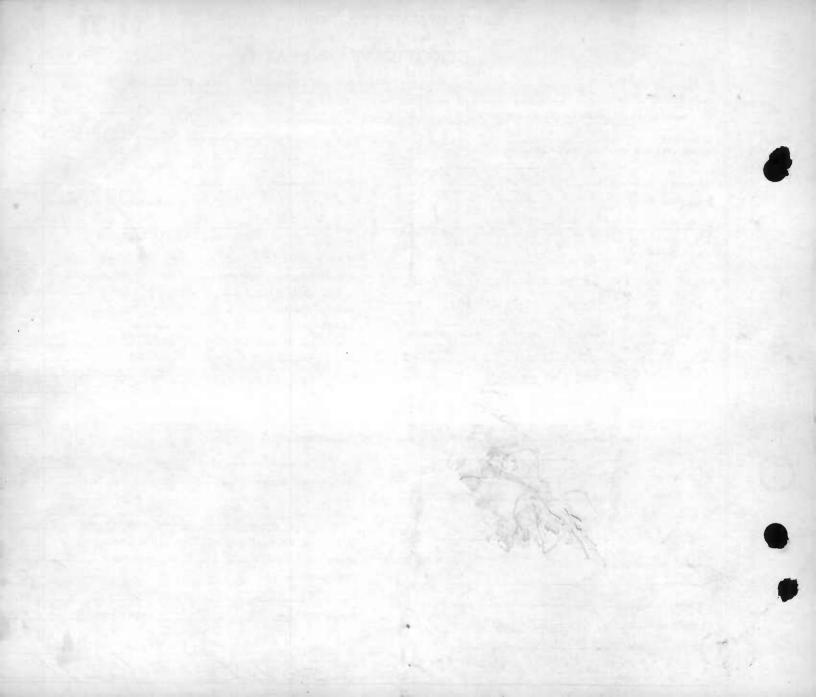


MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

2411 N. Cha	irles St., Baltimore (937)
	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	Lewart 3. (b) Social Security Number
Lemal White married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Clearly 9 19 5 31 3 70
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state)	and that I last saw h
10. Usual occupation	Due to
14. Malden name Manag Welgot 15. Birthplace 16. Informant Orthor Woods J	(Include pregnancy within 8 months of death) Major fudings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 17. Remove (Burial, eremation, or removal, Which?) Cemetery or crematory Mullin W Cemetery or crematory Mullin W Cemetery or crematory Mullin W Cemetery or crematory Mullin M Cemetery or crematory M Cemetery or cr	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location West Va 18. Funeral director Weller Juneal Hope Address 2008 Orlean St	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. (Date Fee'd by registrar) Registrar Registrar	23. SIMOTURE M. D. or other Date signed S. T. T.

VS A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



07832

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dlat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
arthur M. Stidma	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mala White married	20. DATE DF DEATH Quy 224 1945 at 11 a. h
6.(b) Name of hwebard or wife Mt Llie V. Stidman 5.(c) If alive, give age yeare 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 5447 hrs. min. 9. Birthplace Town, sounty, and state)	20. DATE DE DEATH 21. I CERTIEV that death occurred up the date above stated; that atlended deceased from 19. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
TU. USUAL OCCUPATION.	Due to
12. Name	Dither conditions
	Date of op.
Addres 5 27 Susses Rd - Wilton dales (Burial, cremation, or removal. Which?) Cemetery or crematory Address Sussessing Companies (sponth) (day) (year)	Autopsy results
Location J. J. M. M. J.	Injured at home, farm, Industry, public place (where?)
Address 1 /217 St. Paul of Wedner 19, 8/23 19, X5 A. W. Hedree	23. SIGNATURE Comments of M.D. or other
(Daje rec'd by registrar) Registrar	Address Date signed

LT. COL., MA.D. C.LIN.DIR.

Address Ft. Howard, Md. Date signed 8-20-45

correct age

2-3 (Date ref'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		-	

(61)

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days Hospital, institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 2 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town town limits, write RURAL and give nearest town) Street No. 1501 Argyle Avenue. (If rural, give LOCATION) 2.(a) If veteran, name war. WW-I
3.(a) FULL NAME JOHN G. STOKES	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 8-19-45 19
6.(b) Name of his page of wife Mary E. Stokes 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 56 O 14 hrs. min. 9. Birthplace Virginia (Town, county, and state) 10. Usual occupation Chauffour 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from August 17, 18.45, to August 19, 19.45 and that I last saw h im. alive on August 19, 19.45. Immediate cause of death Cerebral Hemorrhage with right hemiplegia 8 Days Due to Hypertension, arterial, systemic unknown
12. Name	Disperson Diabetes Mellitus 30 Yrs. (Include pregnancy within 8 months of death) Major findings of operations.
Address Ft. Howard, Maryland 17. Burial Oate thereof Oay (23, 1940) (Burial, cremation, or removal, Wbich?) (month) (day) (year) Cemetery or crematory Baltimore National Cemetery Location Baltimore, Maryland	Antopay results
1B. Funeral director	

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DURATION

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ਰੂ / CI	ERTIFICATE OF DEATH
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give How long in above place of death? Hospital, institution, or street eddress where death accuracy. How long in hospital or institution?	City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	Perry . TAGG 3. (b) Social Security Number 212 -14-9209
5 male white this	MEDICAL CERTIFICATION WITH SELECTION AND SE
8.(6) Name of husband or wife. 8.(6) Name of husband or wife. 8.(c) If alive, give the constraint of the coast of the co	Colonial desired
Address 7333 Walman & Date thereof Cutty (Burial, cremation, or rydoval, Which?) Cemotery or cromatory Date & Constitution &	22. VIOLENCE: It death was due to external causos, fill in the following; Accident, suicide, or homicide
18. Funeral director. John Muller Addross 2236 Jeffers St 19. (Date ree'd by registrar)	Means of injury Injures at work? 23. SIGNATURE FALLS OF M. D. or other Registrar Add Spanows Of Med Date signs 100/V.

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The correct age

2411 N. Charles St., Baltimore (940)

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CERTIFICA	TE OF DEATH Reg. Dist. No	****
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 days Hospital, institution, or street address where death occurred: Vets Adm Faca Fort Howard, Maryland How long in hospital or institution? 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	******
3.(a) FULL NAME Reginald Venetius Eaylor	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 5 19. 45 21 11	.A.
6.(b) Name of husband or wife	Immediate cause of death	4.5
9. Birthplace St. Thomas V.I. (Town, county, and state) 10. Usual occupation. Unemployed	Coronary Occlusion Immediate Due to Disease of the heart lyr Coronary arteriosclerosis	
11. Industry or business Photographer El 12. Name Clarence E. Taylor 13. Birthplace England 14. Malden name Elodia ? England England	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. None. Date of op.	
16. Intermant Clinical Recrods Vets Adm. Fac. Address Fort Howard, Maryland 11. Bulia (Burial, cremation, or Genovy). Which?) Cemetery or crematory (Maryland)	Autopsy results. PHYSICIAN: Please usderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	***************************************
Location Location Let Let La	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	

Registrar Address....

Vets.Adm.Fac.Ft

VS A15

PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information sarefully. The correct age is especially important. Physicians: please write the causes of death elearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)3

CERTIFICATE OF DEATH

07837 Reg. Diat. No.

1. PLACE OF DI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(If	Harrisonvi		URAL and give nearest town)	City or town ROCKURIE
Hospital, Institution, o	or street address where	death occurred	:	8027 Liberty Road
How long in hospital	or institution?	••••	***************************************	2.(a) If veteran, name war
3. (a) FULL NAM	IE.	Milt	on C. Tegeler	3. (b) Social Security Number
4. Sex	5. Color or race	b.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Divorced	20. DATE DF OEATH August 14 19.45 ,215.30 A M
			egeler	
7. Birth date of	yr.) Decemb) If alive, give agey	ears and that I last saw h im alive on A 19.55
deceased (mo., day,		Days	If less than one day	Immediate cause poleath DURATION
60	7	18	hrs.	nin. Tuskitis
B. Birthplace	Hebbville,	Md a	tate)	Due to.
			••••••	
			Training School	
E	Henry Tege Baltimor		tar Mô	Other conditions
	H. Elle	n Mack	en	(Include pregnancy within 3 months of death)
W 15 Birthniace	H. Elle Baltimor Calvert T	e Coun	ty, Md.	Major findings of operations
40 total light	Calvert T	eveler		Antopy respits.
	7 Liberty R			PHYSICIAN: Flease underline the cause to which death should be charged statistically,
	ial n, or removat. Which?)		Aug. 16, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:
				Accident, suicide, or homicide
	lory. Landal	. /	netery Md.	Where did injury occur?
Location	Mollin		warsail	Means of injury Injured at work?
18. Funeral director.	Liberty H	/	Ave.	- C-5M +
			- 6 1	23. GRATULE Z. M. D. or other
19. V. J.	1945	. Nom	Regist	1. Address Harrisonville, Md. Bate stored 8/14/45

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AUG 24 1945
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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 490 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) county Baltimore City or town Raspeburg
(If outside city or town limits, write RURAL and give nearest town) arefully. Raspeburg
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 years Hospital, institution, or street address where death occurred: 4509 Kenwood Ave. 4509 Kenwood Ave. (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number ELIZABETH M. THRASHER 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING female white widowed 2D. DATE DE DEATH August 6th. 19 45 at 11:30 Pl 6.(b) Name of husband or wife. William Thrasher 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from FOR December 28th. 1878 deceased (mo., day, yr.) Immediate cause of death Years It less than one day 8. AGE: MARGIN RESERVED 8 66hrs d 9. Birthplace Frederick Co., Md. (Town, county, and state) Matron 10. Usual occupation..... 11. Industry or business Glenn L. Martin Co. H 12 Name Joshua L. Gallagher important. 13. Birthplace Frederick Co., Md. (Include pregnancy within 3 months of death) 14 Malden name Alice Haugh Major findings of operations. 15. Birthplace Frederick Co. . Md. 16. Informant Miss Audrey Thrasher PHYSICIAN: Please underline the cause to which death should be charged statistically. 4509 Kenwood Ave. Balto. 6. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Aug 10, 1945 (month) (day) (year) burial
(Burial, cremation, or removal, Which?) Where did injury occur?(City or town) Cemetery or crematory Parkwood Baltimore. Md. Injured at home, farm, Industry, public place (where?) 18 Funeral director of a a sulful trunced House Means of Injury Injured at work? PLEASE 7401 Belair Road 23. SIGNATURE VS M. D. or other Date signed.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

M. D. or other

2411 N. Charl	PARTMENT OF HEALTH 102 St., Baltimore (466) TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intants give residence of mother) State
3. (a) FULL NAME Marie Trafton	3. (b) Social Security Number
6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 6.(c) If alive, give age	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18
11. Industry or business 12. Name	Other conditions. (Include pregnancy within 3 months of deapy Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)

Registrar

Address.

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH Items 2 & 14 changed at 2411 N. Charles St., Baltimore (18) request of Mr.Geo.J.Ruth by 'phone CERTIFICATE OF DEATH Reg. Diat. No. 8/21/45. C. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: ill cutside city or town limits, write RURAL and give nearest town 2nd St. (If rural, give LOCATION) 2.(a) It veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING B.(b) Name of husband or wife. 7. Birth dale of deceased (mo., day, yr.) Supply DURATION 8. AGE: Dave It less than one day UNFADING 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace WITH 16. Informant WRITE PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VfOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where dld Injury occur? '(City or town) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? PLEASE (Date rec'd b / registrar)

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

				CERTIFICAT	Reg. Dist. No.			
1. PLACE OF	DEATH	ł:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County		Baltimer		***************************************				
City or town				1 me., 25 days	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Spr	ing	Grove St	ate Ho	spital 1 me., 25 days	Street No. 501 West Pratt Street (If rural, give LOCATION) 2.(a) If veteran, name war.	••••••		
3. (a) FULL N		(itulion r				NT 1		
3. (a) FULL N		illiam 7	urpin		3.(b) Social Security	Number		
4. Sex	5.	Color or race	6.(a)5ingi	ie, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male		White		Single	20. DATE OF DEATH August 8 19.45	,at 3:10 a		
					21. I CERTIFY that death occurred on the date above stated; that I attended dece July 14 19.26 to August	t 8 19 45		
7. Birth date of deceased (mo.,		18751		(c) If alive, give ageyears	and that I last saw h im alive on August 8			
8. AGE:	Years	Months	Days	If less than one day	Acute exacerbation	48 hrs.		
		Raltin	are. M		Due to. Chronic myocardial insuffic-	***		
9. Birthplace		Pictur	connty, end	aryland stete) er	iency	Indef.		
11. Industry or bu			re fram	ing	Due to Chronic arteriosclerotic cardiovascular disease	79		
12. Name		Jehn 1	Auroin?		Other conditions			
		?			(Include pregnancy within 3 months of death)			
14. Maiden r 15. Birthplac	e	?			Major fiadings of operations			
16. Informant		Hespit	al rec	erds	Antopsy results. As above			
Address		Catens	sville,	Balte28, Md.	PHISICIAN: Please underline the cause to which death should be charged	statistically.		
17bu		removal. Which		reof Aug. 21, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
	Ca		le 28,	State Hospital Maryland	Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?)			
					Means of Injury Influred at work?			
18. Funeral direc				Maryland	a course Taken & Fardu	er Den 18		
19(Date rec'd	Shy registr	2/19 4 S	3	- Charles	23. Signatura lebert E. Gardner, M.D. M.D. Catensville-28, Md. Date signed	or other 8/17/45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

VS A15



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County August Av	State (aryland) county Delumere
(if outside city of town limits, write RURAL and give nearest town)	(Tailstan)
How long in above place of death?	(11 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 12 O. Durke Grenul
	(If rural, give LOCATION)
How long in hospital or institution?	2.(q) 16 yeteran, name war
3. (a) FULL NAME Mrs. Ametra Dower	W Falkens 3. (b) Social Security Number
4. Sax 5. Cologograce 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
Hemale Aprile Married	(Marinh 10 - 45 330)
Maurice Teathmia)	20. DATE DF DEATH
8.(b) Name of husband or wife	april /12 19 x J- 10 Clug 10 19 45-
7. Sirth date of years	and that I last saw her alive on Gug 10 5 194
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
/ July min.	Carelinal Hemosphage 2 hrs.
9. Birthpiace Towson Dattimore Co Ma.	Due tog
(Town, county, and state)	Hopestension) link
10. Usual occupation	
11, Industry or business	Contenancieros Jane Culo
12. Name 12.	Dihor conditions
	(Include pregnancy within 3 months of death)
14. Maiden named Lawy Francis X Orsuch	of an attack
S 15. Birthplace Many Land	Major findings of operations.
Mas & Maltan h Janzel	Date of op.
16, informant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address /2 (O. Durke Crc. Jourson	
1. KDUMIO) 240.12-1945.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (morth) (day) (year)	Accident, suicide, or homicide
Cemetery or exemperory TONDECL MILLS	Where did injury occur? (City or town) (County) (State)
Location Lowsons Maruland	Injured at home, farm, Industry, public place (where?)
1 Dunger Chiefmanal Name	Means of injury Injured at work?
18. Funeral director.	2 1
Address 3631 Flows MCMA 1	23. SIGNATURE) much a. Dlacen
19. aug 11 19 45 W JANGSAN (NON JAN	G. M. D. ar other
(Date rec'd by registrar)	Address Duty Color Date signed D. Coly T.

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2411 N

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	Charles	St.,	Baltimore	1	31-03

4 3	6.0.		· day	Name of Street,	
11	7	V	1	3	
V	4	()	4		
_		-	refi.	0	

Date signed 8/30/45...

P

			CERTIFICA	ATE OF DEATH	Reg. Dist. No.	
City or town(3) How long in above pla Hospital, institution,	Balti Dundal fontside city or town li ce of death? or street address where	k mits, write l death occurre	RURAL and give nearest town)	State Md county Baltimore City or town Dundalk (If outside city or town limits, write RURAL and give nearest town) Street No. 1724 Bayard Ave. (If rural, give LOCATION)		
3. (a) FULL NAI	ME	Mo	ry C. Weber		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Sing	ry C. Weber le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white		married			
6.(6) Name of husban	d or wifeJoh	n J.W	eber	21. I CERTIFY that death occurred on the date about the community of the c	42 to Aug. 19 45 3. 29, 19 45	
8. AGE: Yea	rs Months	Days	If less than one day	Immediate cause af death		
	69 7	30	hrsm		renal disease	
	house		Md etato)	Due to		
	Michael	Hont	line	_		
 				Other conditions	***************************************	
			id. m	Majar findings of aperations	months of death)	
	John J.We	ber	***************************************			
			***************************************	PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.	
17 Bur (Burlal, crematio		Date ther	eof Sept. 1, 194 (month) (day) (year)	Where did injury occur?(City or town)	(County) (State)	
Location72	25 Easter	n Ave		Injured at home, farm, industry, public place (wi	here?)	
18 Euparal director	Clarenc	e F.F	Joffmann	Means of lojury	injured at work?	

Address 2739 Eastern

VS A15

639

18. (Date ref d by registrar)

Address

. Broadway

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 3

Registered No.

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3	should be
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be a correct age is especially important. Physicians: please write the causes of death clearly and leg
MARGIN RESE	UNFADING INK. Physicians: please
	E PLAINLY, WITH specially important.
	PLEASE WRIT

1. PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:		
(a) Baltimore City, Maryland	(a) State Md. (b) County		
(b) Street address	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)		
	(d) Street No. 4303 Kenwood Ave.		
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location) (c) Citizen of foreign country?(Yes or No)		
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country		
3 (a) FULL NAME Emma M. Williams			
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
No.	20. DATE OF DEATH ang 18 1945, at 1148 pm		
4. Sex F 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-		
	ed deceased from 26 19 33, to any 18 1945, and that I last saw he alive on any 18 19 45.		
6 (b) Name of husband or wife Frances G. 6 (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) Aug. 26, 1876	Immediate cause of desth		
8. AGE: Years Months Days If less than one day	Chronic purposaled design 3 yr		
74 11 23hr. min.	Due to		
9. Birthplace Balto. Co. Md.			
(Town, county, and state)	Due to		
10. Usual Occupation at home	Ol California 13 und		
	Other Conditions		
12. Name John S. Hoshall	(Include pregnancy within 3 months of death)		
13. Birthplace Balto.Co.Md.	Major findings of operation: Underline the cause to which		
14. Maiden Name Minerva Kidd	death should be		
15. Birthplace Balto.Co.Md.	of autopsy: tically.		
16 (a) Informant Dora Johnson	22. If death was due to external causes, fill in the following:		
(b) Address 4303 Kenwood Ave.	(a) Accident, suicide, or homicide		
17 (a) Burial (b) Date thereof 8/21/45 (Burial, eremation, or removal) (month) (day) (year)	(b) Date of occurrence		
(Burial, eremation, or removal) (month) (day) (year) (c) Cemetery or crematory. Parkwood	(c) Where did injury occur? (City or town) (County) (State)		
Location Taylor Ave.	(d) Did injury occur about home, on farm, industrial place, in public		
18 (a) Funeral director Clarence F. Hoffmann	place?While at work?		
	(e) Means of injury		
(b) Address 1639 N. Broadway	23. Signature a Ree Thehen		

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bray

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF D	EATH: 10 Kolb A	ve. Overlea	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
R	altimore	Marvland	Slate Md County	
(If	ontside city or town li	mits, write RURAL and give nearest town)	City or town Baltimore- Rural - Overlen	
		· · · · · · · · · · · · · · · · · · ·	(If outside city or town limits, write RURAL and give nearest town)	
nospitat, institution, c	or street address where i	seath occurres:	Sireet No. 110 Kolb Avenue	
			(If rural, give LOCATION) 2.(a) If veleran, name war World war # 1	
			2.(a) If veleran, name war	
3. (a) FULL NAM			3. (b) Social Security Number	
	Willia	m Williamson	none	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P	
M	W	Married	20. DATE OF DEATH. August 24, 1945 19 21 9. 40 M	
R (b) Name of husbani	d or wife Hilda	Williamson	21. I CERTIFY that death occurred on the date above stated: that Tattended deceased from	
		6.(c) It alivo, give age 71 years	Jeb. 8 19/7 10 Class. X4 18 40	
7. Birth date of			and that I last saw h alive on O 4 2+ 19 Kg	
deceased (mo., day,		13, 1832	Immediate cause of death DURATION	
8. AGE: Year		Days If less than one day	artemochers a Nyperbuca	
82	8	11hrsmin.	¿ hip mits =	
9. BirthplaceW	asa, Finl	and	Due to Sa con d'aly arene	
10 Haust accumultan	Carpente	r		
	II C C	oast Guard	Due to.	
11. Industry or busine	.00			
E		lliamson	Other conditions	
-41	500	tland	(Include pregnancy within 3 months of death)	
본 14. Maiden name		?	Major findings of operations.	
14. Maiden name 15. Birthplace		?		
M	re Hilda	Williamson -widow	Date of op,	
101111111111111111111111111111111111111			PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 1	10 Kolb A		22. VIOLENCE: If death was due to external causes, till in the following:	
17 Bur	ial n, or removal. Which?)	Date thereot. 8/27/45		
		(, (, (,	Accident, suicide, or homicide	
Cemetery or cremat		vangelical Cemetery	Where did injury occur?	
Location	Baltimor	e, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director	HENRY SA	NDER & SONS, INC.	Means of Injury Injured at work	
1		E. & BROADWAY	I TON JON	
Address	NORTH AV	E. & DRUADWAT	23 SIGNATURE UN CHEN WYNT TRONG. D	
19. (Date vec'd by r	919	Registrar	M. D. or other	

bn carefully. The correct age clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of infa

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4.

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			CERTIFICA	TE OF DEATH Reg. Dist. No.	~ /
City or fown	Fort Howa tside city or town lin d death? 11 treet address where d Fac. Fort	nits, write F Days eath occurred Howar	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother) State Maryland County Baltimore (If outside city or town limits, write RURAL and give use the street No. 1913 Division Street (If rural, give LOCATION) 2.(a) the veteran, name war. W—I	earest town)
3. (a) FULL NAME		HUS WO		3. (b) Social Security	Number
4. Sex Male	5. Color or race Colored	-11	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	, at 8.2.30A.M
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr.			:) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I ettended dec	7,19.45
8. AGE: Years	Months 6	Days 18	If less than one day	Tuberculosis, chr. pul. far advanced	. 3 Mos.
			tate)	Due to	
13. Birthplace	Virgini Mira Wilm	ingly.		Diher conditions Anamia secondary. (Include pregnancy within 3 months of death) Major findings of operations.	
16. Intermant Clix	Virgini	rds. V	ets. Adm. Fac.	Autopsy results	
17	Tremoval. Which?) Natha	Dale there	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
19. Date ret'd by regi	mad 19 Ki		Alv. Hefre	A. M. BALTER, LT. COL., M.C. Addrsss Fort Howard, Maryland Date signed	occin.dir. 8-17-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and 4egibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

		CERTIFICA	TE OF DEATH Reg. Dist. No	•••••
City or town(I How long in above pla Hospital, institution, Vets • Ad	Baltimgre Fort F foutside city or town I ace of death? 4 D or street address where me Face For	loward mits, write RURAL and give nearest town) ays death occurred: t Howard, Maryland ays	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	earest town)
3. (a) FULL NAI		W YOST	3. (b) Social Security 2/3-16	Number V - 19512
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 2D. DATE DF DEATH August 19. 19.45	
7. Birth date of deceased (mo., day 8. AGE: Yes 2	y, yr.) 7-22- ars Months 3 0 Baltimor (Town, Shipfitte	22 Days If less than one day 28	and that I last saw h. im _allve on _August 19,	19. 19.45 19.45 DURATION 8 Days
		st Maryland		
15. Birthplace	Baltimore, inical Reco	Maryland rds. Vets. Adm. Fac.	(Include pregnancy within 3 months of death) Major findings of operations	
Cemetery or orema	on, or removal, Which?	8/22/45	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

Registrar

Address Date signed 8-19-45

VS A15

(Date ec'd by registrar)

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